

The background is a vibrant red color. It is decorated with various colorful shapes, including circles, ovals, and abstract patterns. In the top right corner, there is a large, stylized graphic of a hand or a group of fingers in shades of pink, orange, and green. Scattered throughout the page are numerous smaller, colorful circles and ovals in shades of blue, yellow, green, purple, and orange. Some of these shapes have internal patterns or gradients.

Visitor cover.

Member Guide.

Effective November 2023.

medibank
Live Better

Before you get started...

Here is an explanation of some of the terms commonly used in this Guide:

'We', 'us' and 'our' is Medibank Private.

'You' is any member of Medibank to whom this Guide applies.

'Member' is any person covered under a Medibank membership.

'Membership' is made up of one or more members.

'Policy holder' is the person who is responsible for the membership. This is the person we contact when we need to communicate about the membership.

'Visitors Cover' includes Overseas Visitors Health Covers and Overseas Workers Health Covers unless expressly stated to exclude them.

To help you make the most of this Guide and understand the services and treatments under your cover, we've also prepared a glossary of useful terms that you can access at [medibank.com.au/glossary](https://www.medibank.com.au/glossary)

Our Member Guide.

This Guide is a summary of Medibank's Fund Rules as at the date of this Guide. It's designed to help you understand how your Medibank membership works, and should be read together with the Cover Summary you receive when joining or changing your cover. Your Cover Summary is a summary of the services and treatments provided by your particular health insurance cover. You can download a copy of your Cover Summary and our Fund Rules from medibank.com.au

- Please read this Guide and your Cover Summary carefully and keep them for your reference as they form part of the terms and conditions of your cover.
- If you need further information about your cover or anything in this Guide, please contact us.
- It's important to note that not all Visitors Covers include benefits for extras items and services outlined in this Guide. Please refer to your Cover Summary or contact us to check whether extras services are included.
- We'll send correspondence to your email address, or your postal address where you have opted out of email communication. It's important to let us know if your contact details change.
- It's also important to contact us if you, or anyone else on the membership, are going to need treatment, to check what services and treatments we pay benefits towards and what out-of-pocket expenses you may have. Our contact details are on page 32 of this Guide.
- The information in this Guide only applies to Medibank Visitors Covers. If you hold a cover other than a Visitors Cover, please contact us for details of the services included and membership conditions.

Information for non-Australian residents.

- It's your responsibility to inform Medibank as soon as reasonably practical if you cease to comply with the eligibility requirements as set out on page 5. Please note that Medibank can request proof of your eligibility for Visitors Cover at any time.
- If you're found to be ineligible for Visitors Cover, Medibank may, by providing advance notice, terminate your membership or transfer you to an alternative cover. Except where the error was caused or contributed to by Medibank's negligence, fraud or willful misconduct, Medibank may, acting reasonably, backdate this change and require you to pay any additional premiums and/or repay any higher benefits you received on your Visitors Cover while ineligible. If you do not agree to the alternative cover that we transfer you to, you may cancel your membership by contacting us.
- If you become a permanent Australian resident, or otherwise become entitled to interim or full Medicare benefits, Visitors Cover may no longer be appropriate, and you should contact us to discuss alternative health cover.

Medibank Joining Statement.

By joining Medibank, you (the Policy holder) have agreed that you:

- will ensure that all information supplied to Medibank is true and correct to the best of your knowledge and belief having made reasonable enquiries
- will keep your membership information up to date and notify us of any changes as soon as possible which may materially affect your cover, as soon as reasonable practicable after the change
- will ensure that all members on the membership are aware of and abide by Medibank's Fund Rules, and the information in this Guide which summarises the Fund Rules
- will ensure that you and all members on the membership are aware of Medibank's policies, including its Privacy Policy which is available on [medibank.com.au](https://www.medibank.com.au)
- will inform Medibank as soon as reasonably practicable if you cease to comply with the eligibility requirements for Visitors Cover as set out on page 5
- will inform Medibank if your visa status changes or you become eligible for interim or full Medicare benefits so we can arrange a more suitable health cover
- have the authority to provide the personal information of other members on the membership
- will make, or authorise the making of, all claims under the membership and ensure that any claim that includes sensitive information of a member aged 16 years and over is made having first obtained the consent of that member
- authorise any health service provider to supply to Medibank any information Medibank considers reasonably necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent
- authorise Medibank to supply to any health service provider any information Medibank considers reasonably necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent
- will make the minimum advance premium payments required
- are aware that Medibank may terminate your membership in accordance with Medibank's Fund Rules, which you can view at [medibank.com.au](https://www.medibank.com.au)

Suitability for Visitors cover.

Visitors Cover eligibility requirements.

Medibank offers two types of Visitors Cover:

- Overseas Workers Health Cover – generally only available for people on working-type visas (see Eligibility for Overseas Workers Health Cover), and
- Overseas Visitors Health Cover – available for most other visitors to Australia (refer to Eligibility for Overseas Visitors Health Cover).

Medibank's Visitors Covers are designed for people who:

- are in Australia on a valid temporary visa
- don't hold permanent resident status in Australia
- aren't eligible for interim or full Medicare benefits, and
- aren't eligible for Overseas Student Health Cover (OSHC).

Medibank Visitors Cover may also be suitable for people who want to supplement any entitlements they may have under Reciprocal Health Care Agreements (RHCA), which exist between Australia and a number of other countries.

If you become a permanent Australian resident, or become eligible for interim or full Medicare benefits, Visitors Cover may no longer be appropriate and you should contact us to discuss alternative health cover.

Eligibility for Overseas Workers Health Cover.

Medibank Overseas Workers Health Cover may only be purchased by people who are in Australia on eligible visa subclasses, as determined by Medibank.

This includes, but isn't limited to, the following:

Visa Subclass	Visa Type
400	Temporary Work (Short Stay Specialist)
403	Temporary Work (International Relations)
407	Training
408	Temporary Activity
417	Working Holiday
457	Temporary Work (Skilled)
462	Work and Holiday
482	Temporary Skills Shortage (TSS)
485	Temporary Graduate

The list of eligible visa subclasses is subject to change from time to time by Medibank. You should call us to discuss whether the cover you've chosen is the most suitable for your visa type.

Eligibility for Overseas Visitors Health Cover

In addition to being in Australia on an eligible temporary visa, Overseas Visitors Health Covers may have additional eligibility requirements, which are communicated to you when joining Medibank. If you're unsure about your eligibility for Overseas Visitors Health Cover, please contact us.

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Welcome to Medibank.

Your welcome pack.

If you've just joined Medibank, you'll receive a welcome pack which includes:

- this Guide
- a Cover Summary, which is a summary of the services and treatments included under your cover.

It's important that you read your Cover Summary, this Guide and the Fund Rules available at [medibank.com.au](https://www.medibank.com.au) to fully understand your cover.

You'll also receive a membership card, either with your welcome pack or shortly after. Use your membership card when you need to arrange admission to hospital, make a claim or make any other type of enquiry. You may be requested to provide photo ID when you use your membership card.

Make sure you keep your card safe and advise us immediately if it's lost or stolen. Medibank won't accept liability for any loss to you resulting from the misuse of a lost or stolen membership card.

Transferring from another Australian health insurer.

You can transfer your cover to Medibank from any other Australian health insurer. Provided that you join Medibank within two months of leaving your previous health insurer, you won't need to re-serve any waiting periods you've already served. This means you'll generally only need to serve waiting periods for any treatments or items:

- that weren't included under your previous cover
- for which you haven't fully served the waiting period, or
- that have an increased benefit (e.g. upgrading from an Excluded to an Included hospital service or increasing an annual limit on an Extras cover). If you've served the waiting periods for the lower benefits on your previous equivalent cover, benefits will be paid at that level until you've served your new waiting periods.

Where you join Medibank with a break in cover of more than two months, you'll be treated as a new member and all waiting periods relevant to your cover will apply.

When you transfer to Medibank, we'll use our nearest equivalent cover (to the cover you held with your previous health insurer) to determine benefit entitlements. It's important to be aware that:

- extras benefits paid by your previous insurer will be counted towards:
 - annual limits in your first calendar year of Medibank membership
 - lifetime limits
 - benefit replacement periods (refer to page 24)
- any loyalty bonus or other similar entitlements (e.g. increased annual limits on Extras cover for orthodontics) built up with your previous health insurer/s won't apply to your Medibank cover
- if you choose a Medibank Hospital cover with a lower excess, the excess of the equivalent cover will apply until you've served the relevant waiting period, and
- any excess paid to your previous health insurer won't be deducted from any excess payable under your Medibank cover (where applicable).

We need a transfer certificate from your previous health insurer to confirm your level of cover, waiting periods served and benefits paid. You may not be able to claim benefits for certain services until we have received your transfer certificate.

We'll request a transfer certificate on your behalf if you've given us permission to do so.

Membership with non-Australian health insurers or travel insurance isn't accepted for the purposes of recognising waiting periods.

Cooling off period.

We give you 30 days from the date your new or changed cover commences to review your cover and make sure you're happy with it. If you change your mind during that period, and no claims have been made, we'll either transfer you to a more appropriate cover from the original commencement date or cancel it altogether and refund your premiums.

During the cooling off period, you generally can't return to a cover that Medibank has closed.

Changes to the terms and conditions of your membership.

All members of Medibank are subject to our Fund Rules which set out the terms and conditions of cover, as well as the services we pay benefits for. This Guide summarises the Fund Rules that apply to your membership of your Visitors Cover.

Please read this Guide carefully and keep an up-to-date copy in a safe place for future reference. Download the latest version of this Guide at [medibank.com.au/overseas-info](https://www.medibank.com.au/overseas-info)

We may change the Fund Rules from time to time. If any changes to our Fund Rules will or might have a detrimental effect on a member's entitlement to benefits under their cover, we'll provide the Policy holder with reasonable notice in writing about the changes (including any changes to premiums and an updated Cover Summary if required) as reasonable time before the changes are due to take effect (unless the changes are required by law in which case we'll provide notice as soon as reasonably practicable).

Any changes will apply regardless of whether premiums have been paid in advance and may include:

- Closing a cover. If we close a cover that you're on:
 - we may permit you to stay on the cover, but not make any changes to your membership (e.g. adding or removing a member or component of cover). If you want to make a change to your membership, you'll need to select a new cover, or
 - we may not permit you to stay on this cover and will move you to a cover as similar as possible

- Removing a service or item from a cover
- Reducing or removing a benefit or benefits under a cover.

After we've notified you, if we make a change and you choose to continue your membership (under the new or changed cover) you'll be taken to have accepted the change and will be bound by its terms and conditions. If you don't wish to continue under the new or changed cover, you have the option of transferring to a different cover or cancelling your membership by notifying us, and we'll refund premiums paid in advance.

Medicare eligibility.

Along with a person's visa and residency status, your eligibility for Medicare will determine the type of health insurance cover you may need to supplement any existing entitlements. Levels of Medicare eligibility are:

- Full Medicare (Green card)
- Interim Medicare (Blue card)
- Reciprocal (RHCA) Medicare (Yellow card)
- No Medicare

If you, or any member on the membership, have interim or full access to Medicare, you should call us to discuss whether Visitors Cover is still the most suitable cover for your circumstances. Medibank offers a range of covers that may be better suited to your needs.

Goods and Services Tax (GST).

Visitors Cover is subject to the GST, which is included in the premium you pay. Under Medibank's Fund Rules, if you're on a Visitors Cover it's assumed you have no entitlement to claim any part of the GST component of the premium as an input tax credit.

If you're eligible and intend to claim back part or all of the GST you must notify us in writing.

Managing your Membership.

My Medibank.

My Medibank is a convenient way of managing your membership online. You can sign up at medibank.com.au/members. Once you have signed up you'll be able to:

- View membership details
- Update contact details
- Make claims
- Manage premium payments
- Register bank account details to receive benefits for claims by EFT
- Order a replacement membership card.

All Medibank members aged 16 years and over can use My Medibank; however, access to some functions may be limited to the Policy holder.

Partner authority.

If the Policy holder adds their partner, they can choose to provide the partner with the authority to manage most aspects of the membership, including:

- Making claims
- Adding or removing dependants
- Changing cover
- Suspending and reactivating the membership
- Changing contact and bank account details
- Changing payment methods
- Requesting and receiving premium refunds.

This means Medibank may disclose membership details to both the Policy holder and their partner.

Partner authority can be given at the time of joining Medibank, when the partner is added to the membership or any other time and can be revoked by the Policy holder at any time.

Even if partner authority has been provided, only the Policy holder can remove themselves or cancel the membership entirely.

Third party authority.

Medibank provides two levels of authority, where you can nominate a third party to deal with Medibank on your behalf.

- **Authorised Person:** If you are the Policy holder, you can nominate a third party to manage the membership on your behalf. Once appointed, an Authorised Person can do everything the Policy holder can do, including closing the membership.
- **Claims Consent:** Claims Consent provides a third party with access to your sensitive information (such as claiming information) and personal information, including contact details. Claims Consent must be provided by you, someone cannot do this on your behalf.

Once appointed, someone with Claims Consent can view and request details of your claims – including services claimed, the date, the provider and cost of each service, as well as enquire about upcoming claims. A person with Claims Consent can also access and change your address, phone number and email address.

There are three ways to appoint an Authorised Person or a person with Claims Consent:

- Verbally over the phone or at a store
- By completing a Medibank Authority form (this can be downloaded at medibank.com.au)
- By giving Medibank a valid financial Power of Attorney or financial guardianship order and a completed Medibank Authority form.

A third party can be nominated for a specific timeframe or for the duration of the membership. If you wish to remove or revoke a third party's authority, please call us on **132 331**.

Dependants 16 years or over.

If a dependant is over 16 years old, or when a dependant turns 16 years old, they must provide their consent to us sharing with you their personal information, including any claims information.

Managing your Premiums.

Premiums need to be paid in advance or you'll need to set up a direct debit.

Premium payment options.

We offer a range of options for premium payments, including:

- Financial institution direct debit
- Credit card direct debit
- Manually through direct payment. If you pay using this method, we'll send you a Medibank bill which has instructions on all the ways you can make a payment.

Premium protection.

Premiums can change from time to time. Where this occurs we'll provide written notice to the Policy holder to let them know what the new premium will be. If you do not agree to the increase premium, you may cancel your cover by notifying us.

If you've paid your premiums in advance, the new premium won't apply until your next payment is due. This is known as premium protection. For example, if your premium increases on 1 April and you've paid your current premiums until 1 August, the new premium will apply from 2 August.

However, if you make one of the following changes your premium protection will be lost, and the new premium will apply from the date you:

- Change your level of cover
- Change your membership category
- Reactivate your membership after a period of suspension.

Where you have paid in advance, the date you have paid up to will be adjusted accordingly.

Premium protection doesn't protect you against any other changes made to the terms and conditions of your membership.

Premium arrears.

A membership is in arrears whenever the premiums aren't paid up to date. You won't receive any benefits for services provided or items purchased while your membership is in arrears.

If your premiums remain in arrears for more than two consecutive months, your membership may be closed, and you'll no longer be eligible to receive any benefits from us.

It's your responsibility to ensure that your premium payments are up to date.

Cancelling your membership and obtaining premium refunds.

If you cancel your membership before you arrive in Australia, you may apply for a refund of premiums paid in advance. To obtain a refund, you must provide documentary proof of your circumstances (e.g. a letter from an Australian Embassy advising that your visa to Australia has not been approved, or a receipt for the cancellation of your airfare to Australia). Medibank may apply a reasonable and proportionate administration fee for each application, and refund all remaining monies - we'll tell you in advance what this is.

If you've already arrived in Australia and wish to close your membership, you can apply for a refund of premiums paid in advance. Your refund will generally be calculated from the date of application. The refund will be paid into the account the funds were deducted from or issued via cheque. A reasonable and proportionate administration fee may also apply unless the application is made within the cooling-off period (see page 9).

Medibank does not issue refunds to international bank accounts.

Changing your Membership.

As your circumstances change you may need to add or remove members on your membership. The following people can be on a Medibank membership:

Policy holder – the primary visa holder who is responsible for the membership. Unless approved by us, the Policy holder must be 16 years of age or older.

Partner – a person who lives with the Policy holder in a marital or de facto relationship.

Child dependant – a child of the Policy holder or their partner who isn't married or living in a de facto relationship and is under the age of 21.

Student dependant – a child of the Policy holder or their partner who isn't married or living in a de facto relationship, has reached the age of 21 but is under 31 and is undertaking full-time education as determined by Medibank at an Australian educational institution.

If the personal status of anyone on the membership changes, for example, a student dependant ceases to be a student or defers their study, you must notify us as soon as reasonably practicable as it may mean they're no longer eligible to remain on the membership and may affect your premium.

All members should be listed on the same visa as the Policy holder.

Categories of membership.

Adding or removing a member may mean the category of your membership needs to change. This type of change can also affect the premiums you'll need to pay.

We offer the following membership categories:

Single membership – includes the Policy holder.

Couple membership – includes the Policy holder and their partner.

Single parent family membership – includes the Policy holder and any of their child dependants and/or student dependants.

Family membership – includes the Policy holder, their partner and any of their child dependants and/or student dependants.

Not all membership categories are available for all covers. Contact us to find out more.

Separated couples.

If you have a couple or family membership and you and your partner separate, your partner must be removed from your policy within 30 days of the separation and they'll need to take out a separate membership to comply with our Fund Rules, and to prevent privacy breaches.

Adding a child dependant.

To add your child dependant from their date of birth or inclusion in your family unit (e.g. through marriage, adoption or fostering), you'll need to have commenced your Medibank membership no later than that date and add them within the timeframes below:

- For a single membership – **two months**. This change must be backdated to the child's date of birth/inclusion in the family unit and means you'll need to change to a family or single parent family cover and pay higher premiums from this date. Where a child is added outside two months, they'll have to serve all waiting periods applicable to the cover.
- For a couple or family membership – **12 months**. This change can be backdated to the child's date of birth/inclusion in the family unit or commence from the date of application or any future date you choose. Where a child is added outside 12 months, their cover will commence from the date of application or any future date you choose.

Where a child is added within the above timeframes and the membership commenced no later than the child's date of birth, they'll only have to serve the waiting periods that haven't been served by the Policy holder.

Receiving treatment interstate.

If you receive treatment interstate, Medibank will pay benefits in accordance with our provider agreements in that state (our agreement providers are referred to as Members' Choice providers, see pages 15 and 23 for more details).

Where you receive treatment by a Non-Members' Choice provider, benefits are payable as follows:

- For hospital treatment, benefits are payable at the level applicable to the state in which treatment is provided
- For extras treatment, benefits are payable at the level applicable to your state of membership, regardless of the state in which the service was provided.

Suspending your membership.

Members can apply to suspend their membership if they're travelling overseas for a period of time.

If you're considering suspending your membership you should note:

- Premiums must be paid two weeks in advance of your suspension date
- The suspension application must be made prior to your departure date
- Benefits aren't payable for treatment received, services provided or items purchased during a period of suspension
- Any period of suspension won't count towards waiting periods or benefit replacement periods
- Any period of suspension can affect your entitlement to an increase in annual benefit limits for extras items and services
- The minimum period for overseas travel suspension is two months. This means you must be absent from Australia for at least two months to be eligible to suspend your membership on this basis
- The maximum period for which you can suspend your membership is 12 months
- There must be at least six months between suspension periods
- You may need to provide supporting documentation.

From time to time, in a manner that is reasonable and consistent with the Act, Medibank may close covers. If your cover is closed while your membership is suspended, we may transfer you to a similar cover if it's reasonable to do so and we give you reasonable notice of the change in cover including an updated Cover Summary. The premium applicable to the new cover will apply from the date your membership reactivates, unless you notify us before the premium is paid that you wish to transfer to a different cover or cancel the membership.

Going to Hospital.

It's important to be aware that Visitors Cover may not pay all of the costs associated with hospital treatment. You may still incur out-of-pocket expenses above the benefits we pay.

To help understand your potential out-of-pocket expenses, you should contact us prior to any hospital admission. You should also speak to your doctors and hospital to confirm any out-of-pocket expenses you may incur.

Inpatient vs outpatient.

An inpatient is someone who is formally admitted to a registered hospital (including day surgery) to receive medical care or treatment, or for the purpose of obtaining professional attention. This includes same-day admissions.

Visitors Cover pays benefits when a member is treated privately in a private or public hospital as an inpatient and the treatment is Included under the cover (refer to your Cover Summary).

Services that are provided where a member is not admitted to hospital are called outpatient services. These include:

- non-admitted hospital services, such as visits to hospital accident and emergency departments or visits to a hospital outpatient clinic, and
- out-of-hospital medical services, such as those provided in a doctor's surgery, specialist's clinic or by a general practitioner (GP).

Not all Visitors Covers pay benefits towards outpatient services (refer to your Cover Summary).

Informed financial consent.

Before going to hospital it's important to ask your doctor/s and the hospital about any potential out-of-pocket expenses you might incur. This information should be provided in writing before your treatment or hospital admission and is known as informed financial consent.

If you're admitted in an emergency, there may not be time for the hospital or doctor/s to seek your informed financial consent. Information about your out-of-pocket expenses should be provided by the hospital or doctor/s as soon as possible after you receive treatment.

Hospital accommodation benefits.

The benefits we pay for hospital accommodation will depend on whether the hospital admission is for an Included or Excluded service (refer to your Cover Summary) and the type of hospital you're admitted to, as explained below:

- **Included services** – we pay benefits towards same-day and overnight hospital accommodation and intensive care; however, out-of-pocket expenses may still apply.
- **Excluded services** – no benefits are payable.

Hospital accommodation benefits don't include other things such as TV hire, newspapers, parking and take-home items, (e.g. crutches). Medibank won't pay benefits for these (or similar) items and services. The hospital should discuss any charges with you.

Choice of hospital.

Medibank Visitors Cover allows you to choose whether you're treated as a private patient at either a private or public hospital. While we pay benefits regardless of where you're treated (if the treatment is Included under your cover), the benefits we pay and the out-of-pocket expenses you may incur for your hospital stay can vary depending on the hospital you choose (refer to the Hospital benefits table on page 17).

When making a decision about which hospital you'll be treated at, you should be aware that not all doctors have admitting rights to all hospitals, and this may affect where your doctor can treat you. Your doctor will be able to tell you at which hospitals they have admitting rights.

Regardless of whether you're treated at a Members' Choice, non-Members' Choice or public hospital (refer to page 15), the hospital should seek your informed financial consent about any out-of-pocket expenses you'll need to pay. It's also important to be aware that if you have a Visitors Cover with an excess, it will apply regardless of the type of hospital you choose (refer to page 21 for more information about how an excess will apply).

Members' Choice hospitals.

Medibank has agreements with most private hospitals and day surgeries in Australia. We refer to our agreement hospitals as Members' Choice hospitals. For an Included service in a Members' Choice hospital, we'll pay an agreed rate for your treatment, which includes the cost of a private room (where available) or shared room and any theatre or procedure room costs. Generally, this means any out-of-pocket costs you incur for accommodation charges will be limited to any excess applicable to your cover.

By visiting a Members' Choice hospital you'll generally get better value for money compared to a non-Members' Choice private hospital, as long as the service you receive is included in our agreement with the hospital and isn't Excluded under your cover.

Our Members' Choice hospitals and agreements with Members' Choice hospitals may change from time to time without notice to you. You should confirm prior to receiving treatment whether your hospital provider is part of our Members' Choice network as this may affect your out-of-pocket expenses. Members' Choice hospitals are not available in all areas. To find a Members' Choice provider, visit medibank.com.au

Non-Members' Choice private hospitals.

Non-Members' Choice hospitals are private hospitals and day surgeries Medibank doesn't have agreements with. The benefits we pay for accommodation in these hospitals are generally lower than those in a Members' Choice hospital and you may incur significant out-of-pocket expenses (in addition to any applicable excess).

Public hospitals.

If you elect to be treated as a private patient in a public hospital, we'll pay benefits for accommodation for a shared or private room (where available) and any intensive care, theatre fees, procedure or labour room costs (refer to the Hospital benefits table on page 17). You'll be required to pay any difference between the benefit we pay and the amount the hospital charges.

Medicare Benefits Schedule (MBS) and medical services.

The Medicare Benefits Schedule (MBS) is a schedule published by the Commonwealth Department of Health that lists all the services for which Medicare pays benefits, and the rules that apply to the payment of those benefits. These include:

- Doctors' services (e.g. GPs and specialists)
- Diagnostic services, (e.g. blood tests, x-rays and ultrasounds provided by pathologists and radiologists).

Each service listed in the MBS has an item number and a corresponding fee that's been set by the government. Medibank pays benefits towards medical services based on the MBS.

For Included services, Visitors Covers pay at least 100% of the MBS fee, but some covers pay higher benefits (refer to your Cover Summary to confirm what medical services are Included and the benefits we'll pay towards them). This means where the provider charges no more than the benefit payable on your cover, you won't have an out-of-pocket expense. Doctors and providers aren't restricted to charging the MBS fee and may choose to charge more than the amount we pay for a particular service. Where this occurs, you will have an out-of-pocket expense.

Benefits are generally not payable:

- where you're eligible to claim a benefit for a service or treatment from Medicare, or
- for a service or treatment not listed in the MBS (refer to page 21).

Items on the MBS are subject to change from time to time. These changes may include:

- the removal of items (with or without replacement)
- the addition of new items
- the addition or modification of conditions associated with such items (including in relation to circumstances in which benefits might be payable), or
- changes to the corresponding MBS fee.

The MBS is available at mbsonline.gov.au

Medical devices and human tissue products.

If you need to be hospitalised for a procedure requiring a medical device or human tissue product (e.g. a pacemaker or cardiac stent), we'll pay the minimum benefit set out in the government's Prescribed List of Medical Devices and Human Tissue Products. The Prescribed List of Medical Devices and Human Tissue Products includes thousands of items together with a minimum benefit and, in some cases, a maximum benefit for each item.

You'll have an out-of-pocket expense where (in consultation with your doctor) you choose an item that:

- is included on the Prescribed List of Medical Devices and Human Tissue Products but costs more than the minimum benefit. In that case you'll have to pay the difference between the minimum benefit we'll pay and the cost of the item, or
- isn't included on the Prescribed List of Medical Devices and Human Tissue Products at all. In that case, we won't pay any benefits and you'll be responsible for the entire cost of the item.

Your doctor should discuss your prosthesis options with you and seek your informed financial consent regarding additional costs you may have to pay.

Benefits aren't payable for any items with an Excluded service under your cover (refer to your Cover Summary).

The Prescribed List of Medical Devices and Human Tissue Products is available at health.gov.au

Pharmaceutical Benefits Scheme (PBS).

The Pharmaceutical Benefits Scheme (PBS) is funded by the government and makes subsidised prescription medicines available to Australian residents. International visitors to Australia are generally not eligible for subsidised prescription medicines under the PBS.

Only some Visitors Covers provide benefits towards PBS listed prescription medications that meet the following criteria (refer to your Cover Summary):

- the medicine is prescribed according to the PBS approved indication, and
- administered during, and form part of, your admitted episode of care (including medicines prescribed on discharge), and
- the medicine isn't prescribed for cosmetic purposes.

For these medicines, you must pay:

- an amount equivalent to the current non-concessional PBS co-payment (which is the amount you would have been required to pay if you were eligible for subsidies under the PBS), and
- any costs remaining after the Medibank benefit has been paid.

Medicines used in oncology (cancer treatment) and other treatments can be very expensive for people who aren't eligible to access subsidised prescription medicines under the PBS. It's important to be aware that if high cost medicines are required for your treatment, you may incur significant out-of-pocket expenses.

No benefits are payable for PBS listed medicines that relate to a service or treatment that is an Excluded service, are prescribed for a cosmetic purpose or are oral contraceptives used for contraceptive purposes only.

Unless specifically Included under your Visitors Cover, no benefits are payable for prescription pharmaceuticals that do not meet the criteria listed above (refer to your Cover Summary). Refer to page 25 for more information.

The PBS is available at pbs.gov.au

Public hospital accident and emergency departments.

Medibank may pay towards public hospital accident and emergency department 'facility fees' (refer to your Cover Summary for the conditions that apply to this benefit). No benefits are payable for emergency department 'facility fees' charged by private hospitals.

Hospital benefits table.

We've prepared this table to help you understand what benefits Medibank pays under Visitors Cover (for Included services) and what potential out-of-pocket expenses may arise. Medibank does not pay any benefits for Excluded services (refer to your Cover Summary).

		Members' Choice Hospital	Non-Members' Choice Private Hospital	Public Hospital
Accommodation and Intensive Care Unit (ICU) charges	Included service	<p>Medibank will pay costs as per our contract with the hospital.</p> <p>Your potential out-of-pocket expense is limited to any hospital excess applicable to your cover.</p>	<p>Medibank will pay the minimum hospital benefit set by the government.</p> <p>Your potential out-of-pocket expense will be any charges raised above the benefit we pay (e.g. for a private room) and any excess applicable to your cover.</p>	<p>Medibank will pay the cost for accommodation in a shared or private room or an ICU.</p> <p>Your potential out-of-pocket expense is limited to any hospital excess applicable to your cover.</p>
Theatre fees and Labour wards	Included service	<p>Medibank will pay costs as per our contract with the hospital.</p> <p>Your potential out-of-pocket expense is limited to any hospital excess applicable to your cover.</p>	<p>Medibank will pay limited or no benefits, depending on the hospital you attend.</p> <p>Your potential out-of-pocket expense will be any charge raised by the hospital above the benefit we pay and any excess applicable to your cover.</p>	<p>Medibank will pay the hospital cost for theatre fees and labour wards.</p> <p>Your potential out-of-pocket expense is limited to any hospital excess applicable to your cover.</p>
Medical devices and human tissue products	Included service	<p>Medibank will pay the minimum benefit set out in the government's Prescribed List of Medical Devices and Human Tissue Products.</p> <p>Your potential out-of-pocket expense – if the item is:</p> <ul style="list-style-type: none"> – included in the Prescribed List of Medical Devices and Human Tissue Products and costs up to the minimum benefit – no out-of-pocket expense. – included in the Prescribed List of Medical Devices and Human Tissue Products and costs more than the minimum benefit – any charge above the minimum benefit. – not included in the Prescribed List of Medical Devices and Human Tissue Products – the full cost of the item.. 		
In-hospital doctors' medical services	Included service	<p>Medibank will pay at least 100% of the MBS fee.</p> <p>Your potential out-of-pocket expense – any difference between the Medibank benefit and the amount you are charged.</p>		
In-hospital diagnostics (e.g. blood tests, scans etc.)	Included service	<p>Medibank will pay at least 100% of the MBS fee.</p> <p>Your potential out-of-pocket expense – any difference between the Medibank benefit and the amount you're charged.</p>		

Hospital Cover.

Visitors Covers provide benefits towards hospital accommodation for an Included service, as well as intensive care and medical services that you receive when you're treated in hospital as a private inpatient.

How hospital benefits are assessed.

In assessing benefits for hospital charges, Medibank takes the following into account:

- The cover you held at the date the service was provided. This includes whether the service was Included and any excess applicable to your cover (refer to your Cover Summary)
- The type of hospital to which you were admitted, (Members' Choice, non-Members' Choice or public hospital)
- Whether all relevant waiting periods had been served by the member requiring treatment
- Whether the treatment is listed on the MBS
- Whether the premiums were paid up to date
- Any legislative requirements governing hospital treatment
- Whether any other exclusions or assessing rules apply.

Same-day hospital benefits.

Same-day admission refers to treatment where the patient is admitted and discharged on the same day. Benefits for certain procedures as specified by the Department of Health may not be payable unless your doctor certifies your need to be admitted to hospital.

Long stay hospital patients (nursing home type patients).

If you're admitted to a private hospital as an inpatient for a period of continuous hospitalisation exceeding 35 days, you'll be regarded as a long stay or 'nursing home type patient'. If your doctor does not certify your need for ongoing acute care after 35 days, we may pay a lower benefit towards the daily accommodation hospital charge and you will need to pay the difference as an out-of-pocket expense. These charges could be significant depending on your length of stay.

Treatments without an MBS item number.

Benefits are generally payable only for treatments listed in the MBS. However, under some Visitors Covers we pay limited benefits towards the following treatment when provided to a hospital inpatient (refer to your Cover Summary):

- Dental surgery
- Podiatric surgery (carried out by a registered podiatric surgeon).

There are no MBS items payable for podiatric surgery (when performed by a registered podiatric surgeon), or for dental surgery in a hospital where the surgery is performed by a dentist rather than a medical practitioner.

While we will still pay benefits towards hospital accommodation charges as well as other medical charges like anaesthetist fees, we don't pay any benefits towards any dentist or podiatric surgeon fees under Medibank Visitors Covers, except where benefits are payable under your Extras cover.

This means you could incur significant out-of-pocket expenses for these charges.

Waiting periods.

A waiting period is a set amount of time each member must wait before they can receive benefits under their cover. No benefits are payable for items and services obtained while serving a waiting period.

It's important to know that waiting periods apply when each member:

- first takes out cover, is added to an existing membership or changes cover prior to serving all applicable waiting periods
- resumes cover after a break of two months or more (having previously held cover with another Australian health insurer), and
- changes their cover to include new or upgraded services or items, or to reduce their excess.

If you've transferred from another Australian health insurer to Medibank, we'll generally recognise the waiting periods you have already served with the other insurer (refer to page 8).

Check your Cover Summary for waiting periods that apply.

Pre-existing conditions (PEC).

Treatment of a pre-existing condition (PEC) has a 12-month waiting period. The only hospital treatments that aren't subject to the PEC waiting period are hospital psychiatric services, rehabilitation and palliative care (a two-month waiting period applies to these services). Pregnancy and birth services are also not subject to the PEC waiting period and always have a 12-month waiting period.

What is a PEC?

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 six-month period ending on the day on which the member became insured under the policy or changed their cover.

The PEC waiting period will apply even if an ailment, illness or condition was not diagnosed before the date of commencing membership or changing cover.

Where a member requires hospital treatment, their condition will be assessed for a PEC if:

- they have held their cover for less than 12 months, or
- they have changed their cover to include a new or upgraded service and they haven't been covered for that service for 12 months.

Medibank's Medical Practitioner is the only person authorised to determine if an ailment, illness or condition is pre-existing. To have a determination made, the member will be required to provide a PEC certificate completed by their treating practitioners (e.g. their GP and their admitting specialist).

Medibank won't pay for the member or a provider to supply this information.

We need up to 10 working days after receiving all required information to make a PEC determination. Members should allow time for a determination to be made before agreeing to a hospital admission date. However, it's important to be aware that a condition requiring hospitalisation will still be assessed for a PEC (and the 12-month waiting period may still apply), even where a member is admitted to hospital in an emergency.

Medibank will apply the PEC waiting period if:

- the member doesn't authorise the release of medical or paramedical evidence relating to their claim, or
- despite the member's authorisation, their provider doesn't release that evidence.

Medibank won't pay any benefits if a member:

- is admitted to hospital and is treated as a private patient, and
- has been covered for the required service or treatment for less than 12 months, or
- our Medical Practitioner determines, acting reasonably, and prior or subsequent to the admission the member's condition to be pre-existing.

In these cases, it means the member will be required to pay **all** hospital and medical charges.

Medibank reserves the right to reasonably apply, or not to apply, the PEC waiting period to individual claims. This means we can refuse or reduce benefits on later claims even if the PEC waiting period has not been applied to any earlier claims for that ailment, illness or condition.

If you're coming to Australia specifically for medical treatment, the PEC waiting period will apply to treatment you receive in the first 12 months of your cover and Medibank won't pay any benefits during this period.

You can download the PEC certificate at **[medibank.com.au](https://www.medibank.com.au)**

Having a baby?

What are pregnancy and birth services?

Investigation and treatment of conditions associated with pregnancy and child birth.

If you're considering having a baby, we recommend you contact us to ensure your cover includes pregnancy and birth services. This is because there's a 12-month waiting period for hospital treatment for those services that the mother will need to have served before we can pay towards them.

This waiting period applies regardless of the baby's due date or whether the member was pregnant at the time of taking out or upgrading their cover to include pregnancy and birth services.

Ensuring your newborn is added to your membership.

Generally, a healthy newborn isn't separately admitted to hospital as an inpatient (because the baby comes under the mother's admission). Because the baby isn't an inpatient, it's important to be aware that any treatment, tests or doctor's visits (e.g. a pre-release check-up by a paediatrician) are outpatient services. This means you may be out of pocket if your Visitors Cover doesn't include benefits for outpatient medical services (refer to your Cover Summary).

In some cases, a newborn may need to be admitted to hospital in their own right, for example, where they require treatment in a special care nursery or an intensive care unit. This type of admission can be very expensive. To ensure your newborn will be entitled to receive benefits in the event they need these services, we strongly advise you to add them to your membership from their date of birth. If a newborn isn't added within Medibank's required timeframes (refer page 12), you will be responsible for any costs associated with their admission.

You should also be aware that if you're expecting a multiple birth (e.g. twins) your second or subsequent babies will always be separately admitted to hospital as inpatients. This means that an accommodation charge will be raised by the hospital, so it's important to make sure they're added to your membership.

Contact us to add your baby to your membership.

Accident waiting period waiver and Accidental Injury Benefit.

What is an Accident?

An unforeseen event, occurring by chance and caused by an external force or object, resulting in involuntary injury to the body requiring immediate treatment.

Accident doesn't include any unforeseen conditions the onset of which is due to medical causes, nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures. Condition means a state of health for which treatment is sought.

Accident waiting period waiver

Where a two-month waiting period applies to a hospital service or treatment (refer to your Cover Summary), it may be waived for claims resulting from an Accident. All other waiting periods will continue to apply.

Accidental Injury Benefit

Under some Overseas Visitors Health Covers, benefits are payable for hospital services which would normally be Excluded where treatment is required for injuries sustained in an Accident. This is known as Accidental Injury Benefit (refer to your Cover Summary to check if Accidental Injury Benefit applies).

The following conditions apply to Accidental Injury Benefit on all applicable covers:

- Hospital treatment must be received within 12 months from the date of the accident
- The accident must have occurred after joining your cover
- The accident must have occurred in Australia
- Your cover must not have been suspended at the time of the accident, and
- Treatment must be sought from a medical practitioner within seven days of the accident.

To make a claim under Accident waiting period waiver or Accidental Injury Benefit, you'll need to submit an Accident form for assessment. The form can be downloaded at [medibank.com.au](https://www.medibank.com.au)

Hospital covers with an excess.

What is an excess?

An amount that you must contribute towards your hospital treatment and is deducted from the benefits we pay when you make a hospital claim. Some hospitals may require you to pay this amount at the time of admission.

If your cover has an excess, it will apply:

- per hospital admission, including same-day admissions and overnight admissions
- only where the Policy holder or partner is hospitalised – it won't apply to hospital admissions for child dependants or student dependants on family memberships
- regardless of the type of hospital you're admitted to (e.g. Members' Choice, non-Members' Choice or public hospital).

Where a member is re-admitted to hospital for the same or a related condition (excluding where the treatment is for a corresponding but opposite body part) within seven days of discharge, the excess won't be applied to the second admission, even if the admissions stretch across two calendar years.

Contact us to check whether an excess applies before undergoing treatment.

Claiming for a CPAP-type device.

Benefits are payable under some of our Visitors Covers for CPAP-type devices (refer to your Cover Summary to check if you're entitled to benefits).

What is a CPAP-type device?

These devices include Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP) or similar devices, as approved by Medibank.

Benefits for a CPAP-type device are only payable when:

- the member has served the 12-month waiting period
- the member has undergone an overnight investigation for sleep apnoea (a sleep study) for which a Medicare benefit would normally be payable for Australian residents
- the device is purchased or hired within the 12 months following the sleep study.

If the CPAP-type device costs more than the benefit we pay, you will be responsible for paying the remaining amount. A benefit of \$500 is payable within a rolling 5-year period.

Hospital benefit exclusions.

Benefits are not payable:

- for any treatments or services that are:
 - Excluded under your cover (refer to your Cover Summary)
 - arranged prior to coming to Australia
 - subject to a PEC or other waiting period or benefit replacement period
 - provided, while premiums are in arrears or the membership is suspended
 - provided, or items purchased, outside Australia (including medical appliances, pharmaceuticals and other items purchased by mail order or online direct from a supplier outside Australia) or prior to joining
 - provided in an aged care service
 - not covered, or not fully covered, by the Medibank agreement (if any) with the hospital or extras provider.
- for any claims:
 - submitted more than two years after the date of service
 - for services in respect of which you've received, or are entitled to receive, compensation (see page 31)
 - that are fully covered by a third party
 - containing false or misleading information or where the service or treatment has been incompletely or incorrectly itemised
 - for charges by your doctor in excess of the Medibank benefit payable under your cover
- where the treatment is rendered by providers who aren't recognised by Medibank for the purpose of paying benefits (see page 30)
- for services that are not listed in the MBS (although hospital benefits may be payable for certain dental and podiatric surgeries carried out in hospital - refer to page 18)

- for treatment not considered medically necessary (e.g. where GST applies), such as cosmetic treatment or health screening services as required for employment or visa application or renewal purposes
- for podiatric surgery performed by a non-registered podiatric surgeon
- for treatment not considered medically necessary (e.g. health screening services as required for employment or visa renewal purposes)
- on Visitors Cover that pay benefits for PBS listed pharmaceuticals - where the pharmaceuticals are not covered by Medibank's agreement (if any) with the hospital
- on Visitors Covers that don't pay benefits for PBS listed pharmaceuticals - for any pharmaceuticals not covered by Medibank's agreement (if any) with the hospital
- for medical devices and human tissue products and other items not included on the government's Prescribed List of Medical Devices and Human Tissue Products, or for any charge that exceeds the minimum benefit set out in the List
- for items such as newspapers, TV hire, etc. not covered by Medibank's agreement (if any) with the hospital
- outpatient and accident and emergency department facility fees raised by a private hospital
- for same-day procedures determined by the Australian government as not requiring hospitalisation where the doctor has not provided suitable certification that treatment is required as an admitted inpatient in hospital
- where we reasonably consider that one service forms part of another service
- where the number of services performed or items provided exceeds a predetermined number of services or items over a certain period or course of treatment
- where a provider has charged for two or more consultations on the same day, except where it can be shown that two separate attendances took place, and that these attendances are clearly identifiable on your account as separate consultations
- where the service is performed in stages and a separate benefit cannot be claimed for each stage
- where you have reached your annual limit, sub-limit or lifetime limit for the particular item or service, or a group of items or services
- where the treatment is rendered by a provider to their partner, dependant, business partner or business partner's partner or dependant
- where the treatment is otherwise excluded by the operation of a Fund Rule
- any part of the accommodation charge raised by a hospital that exceeds the benefit we pay
- for optical items and ancillary services, (e.g. dental or physiotherapy), whether provided in private practice or in a hospital (unless these are covered by our agreement with a Members' Choice hospital). If you wish to claim towards these expenses, you should consider buying an Extras cover from us
- transportation into or out of Australia in any circumstance, except where it forms part of a repatriation benefit on Visitors Cover (refer to page 27).

Extras Cover.

Extras services (for example physiotherapy, dental treatment and prescription lenses) aren't included on most Visitors Covers. This means that some covers don't provide any benefits for extras items or services. Where your Visitors Cover includes Extras, then the services and items included, and benefits payable, will depend on your Extras cover. You should refer to your Cover Summary for details.

If you wish to have benefits payable for the cost of extras items or services, you should contact us.

How extras benefits are assessed.

In assessing benefits for extras items or services, Medibank takes the following into account:

- The cover you held at the date the service was provided or item purchased. This includes whether the service or item was included under your cover
- Whether the service or item is subject to a waiting period or benefit replacement period
- Whether any annual limit, sub-limit or lifetime limit (where applicable) has been reached
- Whether the item is purchased from, or the service is provided by, a Medibank-recognised provider. This includes whether you received the service from a Members' Choice provider. Refer to page 30 for more information about recognised providers
- Whether the premiums were paid up to date
- Whether any other exclusions or assessing rules apply
- Item numbers for which benefits are payable are subject to change in accordance with third parties, such as professional associations.

Members' Choice extras providers.

Medibank has agreements with a number of extras providers, including dentists, physiotherapists, chiropractors, podiatrists, acupuncturists and more. We refer to our agreement providers as Members' Choice providers. With a Members' Choice provider, you'll generally get better value for money, as we have negotiated the maximum amount you can be charged for their services.

It's important to be aware that Medibank's Members' Choice extras providers may change from time to time without notice to you, and are not available in all areas, so please check if they're a Members' Choice provider before your treatment or service.

Find your nearest Members' Choice provider, at medibank.com.au/memberschoice

Non-Members' Choice extras providers.

Non-Members' Choice providers are providers we don't have an agreement with. As long as the provider is a Medibank-recognised provider, benefits are still payable for services or items included under your cover and you'll get a fixed amount for that service regardless of the provider's charge.

Waiting periods.

A waiting period is a set amount of time each member must wait before they can receive benefits under their cover. No benefits are payable for any items purchased, or services you have received while you're serving a waiting period, or before you joined Medibank.

It's important to be aware that waiting periods apply when each member:

- first takes out cover, is added to an existing membership, or changes cover prior to serving all applicable waiting periods
- resumes cover after a break of two months or more (having previously held cover with Medibank or another Australian health insurer)
- changes their cover to include new items or services or higher annual limits.

Check your Cover Summary for waiting periods that apply.

Benefit replacement periods.

A benefit replacement period applies to some extras items payable under Extras cover.

What is a benefit replacement period?

A set period of time you need to wait from the date of purchase for an item included under your cover before you can receive another benefit to replace the item. This is separate to the waiting period for the item.

Benefit replacement periods can apply per member or per membership, depending on your cover.

Refer to your Cover Summary to check whether any items or services included on your cover have a benefit replacement period.

Applicable limits.

The benefits we pay towards items and services under Extras cover will generally be subject to one or more of the following limits:

- Annual limits
- Sub-limits
- Lifetime limits

In most cases the benefits we pay for a particular claim will be less than the applicable limits and less than your provider's charge. This means you may have out-of-pocket expenses.

You should refer to your Cover Summary to confirm what limits apply to your cover. Please contact us if you would like to confirm the benefit payable for an item or service.

Annual limit

An annual limit is the maximum amount of benefits we pay towards particular items or services, or a group of services and/or items within a calendar year (1 January to 31 December).

In most cases the limit will apply per member, but it can apply per membership. Some covers have increasing annual limits that apply for particular services or groups of services.

Sub-limit

A sub-limit is the maximum amount of benefits you can receive for a particular item or service within the overall annual limit. Sub-limits generally apply per calendar year.

Lifetime limit

A lifetime limit is the maximum cumulative benefit we pay over your lifetime towards an item or service, or a group of items or services (e.g. orthodontics). When you reach this limit, you can no longer claim that benefit again, even if you change your cover.

Consultations.

Benefits are payable towards initial and subsequent consultations for services included under your Extras cover. The following requirements apply:

- The consultation must be with a Medibank-recognised provider
- Benefits are payable for the consultation only, unless otherwise stated
- Benefits are not payable for telephone or video consultations (telehealth), except for the following services (where they are included on your cover): psychology and counselling, physiotherapy, dietetics, occupational therapy, podiatry, exercise physiology and speech therapy
- Generally benefits are only payable once per day for the same provider.

Prescription pharmaceuticals – non-PBS.

Non-PBS listed pharmaceuticals are drugs that aren't eligible to be subsidised by the Australian government under the Pharmaceutical Benefits Scheme (PBS). If your cover includes benefits for non-PBS pharmaceuticals (refer to your Cover Summary), we'll pay benefits for pharmaceuticals that:

- aren't subsidised under the PBS or legislation relating to other schemes (e.g. Veterans' Affairs)
- aren't prescribed for oral contraceptive purposes only or cosmetic purposes
- legally require a prescription in order to be dispensed and are supplied by a registered pharmacist, medical practitioner or dentist.

Where eligible, benefits are paid up to a set amount for each prescription pharmaceutical. Before paying any benefits, we'll deduct an amount equivalent to the current non-concessional PBS co-payment amount. This means that you will be out of pocket for the co-payment amount plus any cost above the set benefit we'll pay for the pharmaceutical. Where your prescription pharmaceutical costs less than the co-payment amount, we won't pay any benefits.

It's important to be aware that even where you're eligible for benefits under your cover, Visitors Covers pay limited benefits for non-PBS pharmaceuticals. This means you may incur significant out-of-pocket expenses if high cost pharmaceuticals are required for your treatment.

Appliances requiring referrals.

A valid referral is required to claim benefits for the following items (where included under your Extras cover – refer to your Cover Summary).

The referral must be dated prior to the date you purchase the item, in writing and provided by a medical practitioner, unless otherwise indicated below:

- blood glucose monitors
- blood pressure monitors
- breathing appliances
 - nebulisers
 - peak flow meters
 - spacing devices

- orthotic appliances for shoes (can also be referred by osteopaths, podiatrists, physiotherapists and chiropractors)
- wigs
- pressure therapy garments (can also be referred by physiotherapists and occupational therapists, and lymphoedema practitioners registered by the National Lymphoedema Practitioners Register))
- custom-made footwear (can also be referred by podiatrists, physiotherapists, osteopaths and chiropractors)
- modifications to footwear (can also be referred by podiatrists, physiotherapists, osteopaths and chiropractors)
- insulin delivery pens
- pregnancy compression garments (can also be referred by physiotherapists).

A letter of referral is valid for 12 months unless otherwise indicated.

Health support benefits.

In Australia, private health insurers can only pay benefits towards health support benefits that form part of a health management program.

The health management program must be intended to manage a specific health condition(s) identified by a health practitioner before you start the class or program.

Health support benefits aren't available on all Medibank extras covers. Please check your Cover Summary to see what's included under your cover.

A health support benefits approval form must be completed by a health practitioner, stating what condition the exercise class or program is intended to manage in order for your health support benefits claim to be approved. A health practitioner for the purposes of this form means a medical practitioner/general practitioner, physiotherapist, dietician, occupational therapist, exercise physiologist, psychologist, chiropractor or osteopath.

The health support benefit approval form lasts for two (2) years and will need to be renewed after that time.

Where included on your cover, we pay towards the following health support benefits:

Quit smoking courses

Benefits towards approved quit smoking courses recommended by your health practitioner.

Nicotine replacement therapy

Benefits towards nicotine replacement therapy such as patches, lozenges, gum and inhalers.

We'll only pay benefits towards brands approved by the Therapeutic Goods Association (TGA).

Exercise classes

We can only pay benefits towards exercise classes that are recommended by a health practitioner and is intended to manage a disease, injury or illness that has been identified before you start the programs or classes.

Exercise classes must be face to face and include:

- Boot camp
- Aqua aerobics
- Exercise classes provided at the gym
- ESSA HEAL Health program
- Balance classes

We won't pay for goods associated with the exercise classes, e.g. mats or weights.

Gym memberships

We can only pay benefits towards gym memberships if it has been recommended by a health practitioner and intended to manage a disease, injury or illness that has been identified before you commence the gym membership.

We won't pay benefits where the reason for undertaking the gym membership is general fitness, wellness or recreational only.

Personal training

Medibank will only pay benefits towards face to face personal training sessions provided by approved personal trainers who are members of AUSactive and have a Certificate IV (or above)

qualification in Fitness, or accredited Exercise Scientists with full membership of Exercise & Sports Science Australia (ESSA).

We won't pay benefits where the reason for the personal training session is general fitness, wellness or recreational only.

Weight management programs

Benefits towards weight loss organisations that provide information, meal planning, education, support and advice to manage weight as part of an approved weight management program. Contact us to confirm whether your weight management program is eligible for benefits.

To claim benefits for weight management programs, the member must have a BMI of over 25. This needs to be confirmed by your health practitioner.

We do not pay benefits towards food, food supplements or weight loss supplements.

To submit a claim for health support benefits:

1. Print the health support benefits approval form and take it to your health practitioner to complete (unless you are claiming nicotine replacement therapy, which doesn't require a health support benefits form)
2. Submit the form by logging into your My Medibank account and upload your receipts/invoices or send the form along with your receipts/invoice into us along with a completed Medibank claim form.

Extras benefit exclusions.

Benefits are not payable:

- for any items or services that are:
 - not included under your cover (refer to your Cover Summary)
 - subject to a waiting period or benefit replacement period
 - purchased or provided while premiums are in arrears or the membership is suspended
 - provided, or items purchased, outside Australia (including medical appliances, pharmaceuticals and other items purchased by mail order or online direct from a supplier outside Australia) or prior to joining
 - provided in an aged care service
 - provided at a public hospital or publicly funded facility
- for any claims:
 - submitted more than two years after the date of service
 - for services in respect of which you have received, or are entitled to receive, compensation (see page 31)
 - that are fully covered by a third party
 - containing false or misleading information or where the service or treatment has been incompletely or incorrectly itemised
- where there is an entitlement to a Medicare benefit
- for treatment rendered by a provider who isn't recognised by Medibank for the purpose of paying benefits (see page 30)
- for treatment not reasonably considered to be medically necessary (e.g. health screening services as required for employment or visa renewal purposes)
- for pharmaceuticals that are:
 - oral contraceptives prescribed for contraceptive purposes only
 - prescribed for cosmetic purposes; or
 - don't legally require a prescription in order to be dispensed
- where the treatment is rendered by a provider to their partner, dependant, business partner or business partner's partner or dependant
- where we reasonably consider that one service forms part of another service
- where the number of services performed or items provided exceeds a predetermined number of services or items over a certain period or course of treatment
- where a provider has charged for two or more consultations on the same day, except where it can be shown that two separate attendances took place, and that these attendances are clearly identifiable on the member's account as separate consultations
- where the service is performed in stages and a separate benefit cannot be claimed for each stage
- where you have reached your annual limit, sub-limit or lifetime limit for the particular item or service, or a group of items or services
- where treatment is otherwise excluded by the operation of a Fund Rule.

Ambulance and repatriation services.

Ambulance services.

Benefits for ambulance services (as outlined under 'When are benefits payable?') are included under all Medibank Visitors Covers.

When are ambulance benefits payable?

Where you need an ambulance and your medical condition is such that you can't be transported any other way, we'll pay towards services provided by a Medibank-approved ambulance provider:

- when ambulance transportation to a hospital or other approved facility is required to receive immediate professional attention
- when an ambulance is called to provide immediate professional attention but transport by ambulance isn't needed
- when, as an admitted patient, the hospital requires you to be transferred from one hospital to another (excluding non-medically necessary ambulance transfers between public hospitals)
- For transport by air ambulance, where pre-approval has been obtained from Medibank by the air ambulance provider.

When are ambulance benefits not payable?

Medibank does not pay benefits for any ambulance service not described under 'When are benefits payable? above'. This includes:

- ambulance services where immediate professional attention isn't required (e.g. general patient transportation)
- any ambulance transport required after discharge from hospital (e.g. transport from hospital to home)
- inter-hospital transfers when, as an admitted patient, you're transferred from one public hospital to another public hospital for non-medically necessary reasons

- any ambulance costs that are fully covered by a third party arrangement, such as an ambulance subscription or federal/state/territory ambulance transportation scheme, WorkCover or the Transport Accident Commission
- any air ambulance services that are fully subsidised.

Repatriation.

For Visitors Covers that include benefits towards repatriation (refer to your Cover Summary), where you or any other member on your membership sustains a substantial life-altering disability or a serious medical condition (as determined by Medibank) you may be eligible to return to your home country. We may arrange and pay the reasonable cost of return travel, where your condition requires medical supervision and/or treatment during the journey and/or arrival at your home country. 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).

What are mortal remains?

Mortal remains means the body of the deceased person for the purposes of repatriation benefits. This does not include cremation or ashes of a deceased person.

The provision of any repatriation benefit is at the discretion of Medibank and is payable only once per person per lifetime.

The waiting period applicable for repatriating a sick or injured member will be the waiting period appropriate to the medical condition determining the need for repatriation.

Some Visitors Covers have a maximum repatriation benefit. Refer to your Cover Summary for more information.

Making a claim.

There are a number of ways you can make a claim with Medibank.

Hospital claims.

Medibank has arrangements with most hospitals for benefits to be paid direct to the hospital on your behalf. This means generally it won't be necessary for you to submit a separate claim for hospital benefits. If needed, hospital claims can be submitted via post with a completed claim form, and we'll pay benefits to you or the hospital, as appropriate.

Extras and medical claims.

Most extras and some medical providers offer the convenience of electronic claiming using your membership card. Where available, the claim will be processed automatically, and you'll just need to pay the remaining balance to the provider.

If electronic claiming isn't available, one of the following options can be used:

• My Medibank

A claim can be submitted online for most extras services using a My Medibank account.

• My Medibank App

As well as for most extras services, claims can also be submitted through your smartphone for common medical services, such as for professional attendances (e.g. GP consultations), pathology services (e.g. blood tests) and diagnostic imaging services (e.g. x-rays).

Note: to claim through My Medibank, online or through the app, you'll need to have a photo of the receipt handy to upload as part of the claim.

• Post

Fill in and submit a claim form – the form can be downloaded at [medibank.com.au](https://www.medibank.com.au)

Make sure you attach the original invoices or receipts. As these won't be returned, we recommend you keep a copy for your records.

For certain items or services, you may be required to also provide supporting documentation along with your claim.

We can either deposit the benefit amount in your nominated bank account or send you a cheque. All claims will be paid in Australian dollars and can only be paid into an Australian bank account.

It's important to be aware that if you haven't paid the invoice, we'll send the money directly to your provider. If there is an out-of-pocket expense payable, ensure you have paid this outstanding amount to the provider.

Claims documentation.

Medibank retains all account and receipt documentation for the period required by law.

Benefit payments may be accompanied by a statement that contains all information relevant to each service claimed. You may need to use this statement for taxation purposes.

Medibank will, on request, provide a financial year consolidated Statement of Benefits which may assist you for taxation purposes.

For My Medibank (online or app) claims, members are required to retain receipts for a specified period for verification purposes.

Time limit for submitting a claim.

A claim for benefits must be submitted within two years of the date of service or the date the item was purchased. No benefits will be paid for any claims submitted outside that timeframe.

Government initiatives.

Medicare Levy Surcharge.

The Medicare Levy Surcharge (MLS) is applied to Australian taxpayers who don't hold an appropriate level of resident private hospital cover and who earn above a certain income (individual and couple/family income tiers apply).

Important: You may be liable to pay the MLS if you're an Australian resident for taxation purposes. Visitors Covers won't exempt you from the MLS.

If you are subject to the MLS, Medibank offers resident Hospital covers that can provide an MLS exemption. Call us on **132 331** to find out more.

For more information about the MLS visit the Australian Taxation Office at ato.gov.au

Discount for 18-29 year olds (Young Adult Discount).

The Young Adult Discount applies to members who are aged between 18 and 29 and hold an eligible resident Hospital cover. The discount ranges from 10% (if you take out an eligible Hospital cover before the age of 26) to 2% (if you take out an eligible Hospital cover at the age of 29).

The discount is ongoing, which means if you keep your eligible Hospital cover, your discount remains until you turn 41. From then, the discount will reduce by 2% per year until it reaches zero.

To be eligible you'll need to have your own policy or a policy with your partner - you can't be a dependant on a family policy. If you are a policy holder or partner on a couple or family policy, the discount is calculated by taking an average of the discount applied to the adults on the hospital cover.

Lifetime Health Cover loading.

The Lifetime Health Cover (LHC) loading generally won't apply to visitors to Australia, unless they become eligible for full Medicare benefits (blue or green Medicare card).

If you become eligible for full Medicare benefits, you will have until your LHC base day to take out an Australian resident private hospital cover. Your LHC base day will be the later of:

- 1 July following your 31st birthday, or
- the first anniversary of your full Medicare registration.

If a person becomes eligible for full Medicare benefits and does not hold a resident Hospital cover on their LHC base day, they'll pay a 2% loading on their premium (on taking out an eligible resident Hospital cover), up to a maximum of 70%, for each year (or part year) they are aged over 30.

Example: Simon became eligible for full Medicare benefits on 1 January 2019. Simon took out an Australian resident Hospital cover on 1 January 2021 at age 55. Because he didn't hold a resident Hospital cover on his LHC base day (i.e. 1 January 2020), Simon pays an LHC loading of 50% on top of his hospital cover premium. This equates to 2% for each year Simon is aged over 30.

The LHC loading is removed once a person has held a resident Hospital cover (and paid the loading) for 10 continuous years.

For more information about LHC and to use the LHC calculator to find out whether you'll need to pay a loading, visit privatehealth.gov.au

Other important information.

Members' Choice Network.

Medibank has entered into agreements with most private hospitals and many extras providers. These agreement providers form our Members' Choice network. Visiting a Members' Choice provider means you may be able to access services at a capped fee and/or receive higher benefits.

It's important to be aware that Members' Choice providers and our agreements with Members' Choice providers may change from time to time without notice to you. Members' Choice providers are not available in all areas, so please check if your provider is a Members' Choice provider before your treatment or service.

To find a Members' Choice provider visit medibank.com.au

Recognised providers.

To be eligible for benefits, a service or treatment must have been rendered by a provider recognised by Medibank. Medibank-recognised providers include hospitals and extras providers and aren't limited to providers in our Members' Choice Network. Recognition of providers is at Medibank's discretion, acting in its legitimate interests.

Recognised providers must meet criteria set by Medibank and Medibank may at its discretion cease to recognise a provider it has previously paid benefits for. You should check with us whether your provider is recognised by Medibank prior to treatment.

Referral fees.

Where you purchase Visitors Cover through a registered migration agent, broker or your employer, you acknowledge that fees or commission may be paid by Medibank to your migrant agent, broker or employer in respect of your cover.

Disclaimer.

Medibank encourages providers to offer high quality products and services at competitive prices to members.

Medibank may recognise a provider, advertise on behalf of a provider, or appear (by reference to its logo or otherwise) in an advertisement of any provider. You may have rights under Australian laws which cannot be excluded. Otherwise, to the fullest extent allowed by law and provided Medibank has not engaged in negligence, fraud or wilful misconduct, such advertising or reference about third parties should not be construed as:

- an endorsement by Medibank
- an acknowledgment or representation by Medibank as to fitness for purpose, or
- a recommendation or warranty by Medibank of, for, or in relation to the provider's products and/or services. Accordingly, Medibank neither takes nor assumes any responsibility for the product and/or service provided.

Members should rely on their own enquiries and seek any assurance or warranties directly from the provider in relation to the service or product, or from the relevant registration body (e.g. AHPRA) regarding any conditions or restrictions associated with the provider's registration. The healthcare providers who participate in our Members' Choice network, and the providers whose services we pay benefits for, may change from time to time.

Members' Choice providers may not be available in all areas. Benefits and other arrangements with those providers may vary depending on their location.

To check if your provider is a Medibank recognised provider, contact us.

Compensation and damages.

Benefits aren't payable for expenses relating to treatment of a condition for which you've received, or are entitled to receive, compensation from a third party (e.g. your state's Workers' Compensation authority or motor vehicle accident authority). This includes treatment of a condition caused by an accident.

Where you appear to have a right to make a claim for third party compensation in relation to a medical condition (including where it's caused by an accident), Medibank expects you to make reasonable enquiries to pursue the third party claim. Medibank may, acting reasonably, elect not to assess your claim for benefits until you've done so.

You must provide Medibank with timely information and copies of documents relating to any claim you make for compensation from a third party, which are reasonably requested by Medibank.

In some circumstances, we may agree to make provisional benefit payments to you, subject to our normal benefit conditions and assessing rules, and certain other conditions. If you've been paid any Medibank benefits, on a provisional basis or otherwise, for a medical condition for which you subsequently receive compensation, you must use the compensation to refund to Medibank the benefits we have paid in relation to that condition.

Medibank Privacy Statement.

We collect and use your personal and sensitive information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health-related services and partner offerings, and to give you information on other products and services.

If we don't collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party.

Where you give us personal information about others, you must ensure that you let them know what information you're giving us and that you've their consent to do so. You should also let them know about this Statement.

We may disclose your personal information to persons or organisations in Australia or overseas, including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have Visitors Cover). We may also disclose your information to other persons covered under your policy or your agents and advisers.

We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us, including the United States.

Our Privacy Policy contains more information about our privacy practices, including how we use your information and how you may opt-out of receiving promotional material from us. The Policy also details how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain the latest version of our Privacy Policy by contacting us or by visiting [medibank.com.au](https://www.medibank.com.au)

You can also write to our Privacy Officer at: Privacy Officer, Medibank Private Limited, GPO Box 9999 (your capital city) or email privacy@medibank.com.au

Private Patients' Hospital Charter.

The Private Patients' Hospital Charter is a guide to what it means to be treated as a private patient in hospital. It sets out what you can expect from your doctors, the hospital and your private health insurer.

To download a factsheet about the charter please visit [health.gov.au](https://www.health.gov.au)

Contact us.

General enquiries.

At Medibank we value your comments on our products and services. If you have any feedback for us or require further explanation of any matter affecting your membership, you can contact us by:

- Phone** **132 331**
(if calling in Australia)
+61 3 8622 5780
(if calling from outside Australia)
- Mail** Medibank Private, GPO Box 9999
in your capital city
- In person** Visiting one of our stores.
Visit [medibank.com.au/locations](https://www.medibank.com.au/locations)
to find a store near you.

Complaints.

At Medibank we aim to resolve all enquiries and concerns the first time you talk to us. If your concern is still unresolved, our Customer Support team is here to help. You'll need to provide us with sufficient information to enable us to investigate your concern.

You can contact our Customer Support team by:

- Phone** **132 331**
(if calling in Australia)
+61 3 8622 5780
(if calling from outside Australia)
- Mail** Medibank Private Customer Support,
GPO Box 9999, Melbourne, VIC 3000

If you're not satisfied with the resolution offered by the Customer Support team, you can ask for your complaint to be escalated to our Resolutions team.

If you're still dissatisfied with the outcome of your complaint, or if you have a general question about private health insurance, you can receive free, independent advice from the Private Health Insurance Ombudsman:

- Phone** **Health Insurance complaints:**
1300 362 072
- Health Insurance advice:**
1300 737 299
- Online** [ombudsman.gov.au](https://www.ombudsman.gov.au)

For general information about private health insurance, see [privatehealth.gov.au](https://www.privatehealth.gov.au)



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

📍 **Visit a store**

📞 **132 331**

📞 **+61 3 8622 5780** (from outside Australia)

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Medibank Private is a signatory to the Private Health Insurance Code of Conduct.

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