

Cover Summary

Silver Plus New Families Comprehensive

This cover is only available for couples and families.

Here's a summary of the services and treatments provided by your cover. Please read it 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. It can't pay towards any services when you're not admitted to hospital (e.g. seeing your GP or specialist).

Here are the services that are Included, Restricted and Excluded under your Hospital cover.

You may still incur out-of-pocket expenses above the amount we pay. Before booking your treatment, call us to find out the benefits you can expect to receive, and any out-of-pocket expenses you might incur.

Services that are Included, Restricted and Excluded	
Ambulance services~	✓
Accidental Injury Benefit	✓
Rehabilitation	✓
Hospital psychiatric services	!
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer*	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery^	✓
Podiatric surgery (provided by a registered podiatric surgeon)+	✓
Implantation of hearing devices	✓
Cataracts	x
Joint replacements	x
Dialysis for chronic kidney failure	x
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	x
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

What does it mean?

✓ Included Service

We pay benefits towards overnight and same day hospital accommodation, intensive care and medical services where a Medicare benefit is payable. Medibank has arrangements with most private hospitals and day surgeries in Australia - these are known as Members' Choice hospitals. You'll generally get better value if you go to one of these providers.

If you're treated at a non-Members' Choice private hospital, 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, we'll pay benefits towards overnight and same-day accommodation in a shared room.

! Restricted Service

A Restricted Service is a service where we pay the minimum benefit set by the government towards hospital accommodation.

If you're treated in a private hospital for a Restricted Service, you are likely to incur substantial out-of-pocket expenses because this minimum benefit will not be enough to cover all hospital costs.

For Restricted Services as a private patient in a public hospital we will pay minimum shared room benefits.

x Excluded Service

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

Medibank does not pay towards cosmetic treatment.

Common and Support Services

There are a number of Medicare Benefits Schedule (MBS) items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations and some scans, tests and anaesthetics that are associated with your hospital admission.

~ For ambulance attendance or transportation to a hospital where immediate professional attention is required and your medical condition is such that you couldn't be transported any other way. TAS and QLD have State schemes to cover ambulance services for residents of those States.

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

^ For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

+ For Podiatric surgery we only pay benefits towards hospital charges. There are no Medicare benefits payable for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees under Hospital cover and you could incur significant out-of-pocket expenses.

Accidental Injury Benefit means that any Excluded or Restricted Service will be treated as if it is an Included Service, where you require hospital treatment as a result of injuries sustained in an Accident. It only applies to hospital treatment received within twelve **(12)** months of the date of the Accident occurring, and where:

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

See your Member Guide for more information.

? Things you need to know about your Hospital cover

Waiting periods

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join Medibank within 2 months of leaving your previous health insurer, and you've already served the waiting period for that service.

Accident Waiting Period Waiver

Where a 1-day or 2-month waiting period applies to a service or treatment under your Hospital cover, it may be waived for claims resulting from an Accident that occurred after joining this cover.

Waiting periods	
1 day	Ambulance services.
2 months	Hospital psychiatric services, Rehabilitation and Palliative care.
	Hospital treatment for conditions requiring hospitalisation that are not deemed pre-existing conditions.
12 months	Pre-existing conditions 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 6 month period prior to the day on which 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 three excess levels on this cover; Nil, \$250 and \$500.

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

Making the most of your Hospital cover

Go to a Members' Choice Hospital

Medibank has arrangements with most private hospitals and day surgeries in Australia, so you generally get better value for Included Services if you go to one of these providers.

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 in all areas.

GapCover – How to reduce your in-hospital medical out-of-pocket expenses

Medibank's GapCover is designed to help eliminate or reduce your out-of-pocket expenses for in-hospital doctor's charges.

Where your doctor decides to charge more than the MBS fee (the set government fee), you will be left with an out-of-pocket expense, commonly referred to as the 'gap'.

Doctors can choose to participate in GapCover on a claim-by-claim basis.

Check upfront with each doctor involved if they'll participate in Medibank's GapCover for each claim as part of your treatment, to help reduce your out-of-pocket expense. Out-of-pocket expenses may still apply.

It's important to know GapCover doesn't apply to diagnostic services. See your Member Guide for more information.

Choice of treating doctor or specialist

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

Surgically implanted prostheses

For an Included or Restricted Service, we'll pay the minimum benefit as listed in the Australian Government's Prostheses List.

Travel and accommodation

We pay benefits for travel and non-hospital accommodation related to an eligible hospital admission. Travel benefits are payable where the patient must travel more than 200km return. Accommodation costs per admission are limited to \$40 and travel costs are set at \$0.15 per km. The total combined benefit payable for travel and accommodation is \$75 per admission. Conditions apply, refer to your Member Guide.

Continuous Positive Airway Pressure (CPAP)-type devices

Up to \$500 benefit per member every 5 years towards the hire or purchase of an approved device. Conditions apply, refer to your Member Guide.

24/7 Medibank Nurse

Members are supported around the clock by Medibank nurses on our 24/7 Medibank Nurse telephone service.

Call 1800 644 325 for expert health-related advice any time of the day.





(continued over page)

Extras cover





Here are the Extras services you can claim for, along with the limits and waiting periods that apply.

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

It's important to know that the benefit we pay for services or items is likely to be less than your annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay.

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Optical*	Frames	6 months	100%		\$250
	Prescription lenses				
	Contact lenses				
General dental* Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (includes bitewing x-rays where required). And this doesn't count towards annual limits.+	Preventative treatment	2 months	70% (100% for kids^)	Fixed Amount	No annual limit 
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (e.g. root canal)	12 months	70% (100% for kids^)	Fixed Amount	\$800 (Increases by \$50 per year up to \$1,050) 
	Periodontics (e.g. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (e.g. veneers)				
Physiotherapy*	Consultations	2 months	70% (100% for kids^)	Fixed Amount	\$600 (Increases by \$50 per year up to \$850)
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic*	Consultations only	2 months	70% (100% for kids^)	Fixed Amount	Combined limit of \$400 (Increases by \$50 per year up to \$650)
Osteopathy					
Remedial massage*	Consultations	2 months	70% (100% for kids^)	Fixed Amount	\$200
Podiatry*	Consultations and approved orthotics 	2 months	70% (100% for kids^)	Fixed Amount	Combined limit of \$500 (continued over page) 
Natural therapies	Consultations for acupuncture*				
	Consultations for exercise physiology and Chinese medicine				
Dietetics	Consultations				
Speech therapy	Consultations				
Mental health support	Consultations for psychology and counselling	None			

(continued over page)

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Health appliances and external prostheses 	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy bras and external mammary prostheses/breast forms	2 months	Fixed Amount		Combined limit, refer above 
Breathing appliances 	Peak flow meters, nebulisers and spacing devices only	12 months	100%		
Blood glucose monitors and blood pressure monitors 	Purchase of devices only	24 months			
Health subscriptions	Membership fees for approved health bodies and organisations	2 months			
Health screening tests	Bone density tests, MRI's, retinal scans and bowel cancer screening tests where no Medicare benefits are payable				
Private hospital accident and emergency facility fees	Emergency department fees. Not available at all private hospitals. Please check whether your private hospital offers an accident and emergency department.	2 months	100%		\$250 per child or student dependant only

 Benefit Replacement Periods apply.  Sub-limits apply.  Referral letter required. Refer to your Member Guide for more information.

* Members' Choice providers are available for these services only.

+ Members can claim a maximum of two 100% back dental check-ups per member, per year—either two check-ups at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a first check-up at a Members' Choice dentist (excluding x-rays) and a second check-up at a Members' Choice Advantage dentist. These check-ups do not count towards annual limits.

^ 100% for kids applies to child and student dependants only.

MembershipBonus

This cover includes a MembershipBonus which accumulates each year (up to a maximum amount) to help pay for a range of approved membership and health-related expenses. Any member may claim MembershipBonus benefits up to the maximum membership limit. Entitlements apply from 1 January each year after the 6 month waiting period has been served.

Couple/Family membership	\$100 per year up to a maximum limit of \$1,000
Any unused MembershipBonus will be added to the following year's entitlement up to the maximum membership limit shown above, provided you stay on the same membership and on a cover with a MembershipBonus.	

(continued over page)

? Things you need to know about your Extras cover

Waiting periods

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join Medibank within 2 months of leaving your previous 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.

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.

Where the annual limit increases, it will increase on 1 January each year, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership.

Sub-limit

This is the maximum amount you can receive on an annual basis (or within other defined periods of time) for a particular item or service within an overall annual limit.

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.

1 Benefit Replacement Periods

This is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it. Below are the benefit replacement periods that apply to your cover. Additional limitations may apply to some individual dental items and services, please contact us on **132 331** before your treatment.

Benefit replacement periods are separate to waiting periods.

Service category	Items	Benefit replacement period
General dental	Mouthguards	12 months
Health appliances and external prostheses	External mammary prostheses and repairs of external prostheses	12 months
	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Nebulisers and peak flow meters (per membership)	
	Spacing devices	
Major dental	Dentures, crowns and bridges	

(continued over page)

Making the most of your Extras cover

Use Members' Choice Extras providers

We've negotiated capped prices that Members' Choice Extras providers can charge, which generally means more money back in your pocket. You can still use a non-Members' Choice Extras provider, as long as they're recognised by Medibank, but you won't be able to take advantage of the capped pricing.

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

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

Check your available Extras balances

You can see your available Extras balances online at My Medibank. You can also update your details, check what your cover includes, make a payment and much more.

Best of all, it only takes two minutes to sign up for My Medibank, at medibank.com.au/members

You can also download the My Medibank app on your smartphone. Just search for My 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.

How to find out more

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view online at medibank.com.au/glossary

This information is current as at 15 October 2020 and subject to change from time to time. If you'd like to change your cover, please contact us on **132 331**. Membership of Medibank Private is subject to our Fund Rules and policies which we can change from time to time and are summarised in our Member Guide.

Medibank Private Limited ABN 47 080 890 259

CS0069