



**Freedom of choice**  
**Peace of mind**  
**For better health**

# We'd like to take care of you

## Free hospital cover for Rio Tinto employees and their families.

Rio Tinto has partnered with Medibank to design tailored health cover options for Australian resident employees. It's called Rio Tinto Better Health Cover and it's designed to help you stay at your best.

The tailored package, exclusive to Rio Tinto employees, offers you and your family fully-funded Essentials Hospital cover with a \$500 excess.\* For those looking for a higher level of hospital cover, you can upgrade to Top Hospital cover with Rio Tinto paying for around 70% of the premium.\* Both assume you don't have a Lifetime Health Cover (LHC) loading.

Tailored extras cover at a 12% discount is available for purchase with a percentage back at any recognised extras provider (subject to limits). Plus Rio Tinto will provide Medical Plus which offers additional security for events that can't be claimed through other sources.

All of the hard work has been done for you. Rio Tinto Better Health Cover gives you peace of mind and greater control over your health. With the flexibility to mix and match, simply choose the combination of cover that best suits your needs, lifestyle and budget.

With Medibank you also get more control over who treats you, where you're treated and above all, how soon. You'll also have access to greater value through our Members' Choice network, which is one of Australia's largest networks of hospital and health providers.

We now offer our members with hospital covers access to Mi Health, a range of health support services to help you make more informed decisions about your health and lifestyle. Mi Health support tools include access to a Medibank nurse 24/7, in Hospital Support<sup>†</sup>, an online Health Hub and Mobile Health Apps.

It's our commitment to making health cover better for our members.

### The Rio Tinto Better Health Cover

- free Essentials Hospital cover with a \$500 excess\* (assumes no LHC)
- add a tailored extras cover that pays a percentage back at any recognised extras provider (subject to limits) plus you will receive 12% discount off the premium
- priority service with a dedicated corporate phone line – 1800 RIO RIO (1800 746 746).

\*Applies to single, couple/family and single parent family memberships on resident covers. Please check with your Rio Tinto HR contact to confirm your eligibility.

<sup>†</sup>For overnight stays at selected Members' Choice hospitals. Not available in all areas. Contact Medibank on 132 331 for details.

# Welcome to Medibank

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The information in this brochure is current at the time of issue 1 October 2012 and supersedes previously published material. Please ensure you read this brochure thoroughly and retain a copy for future reference. Membership of Medibank Private is subject to our Fund rules and policies which are summarised in our Membership guide. You will receive a Membership guide and Cover summary upon joining. Premium rates, and the Fund rules and policies, change from time to time. The information in this brochure only applies to Medibank branded products. Medical Plus services are provided by Rio Tinto.

Discounted rates and services described in this brochure are only available to eligible persons. See page 21 for more information.

# Rio Tinto Better Health Cover

Take a closer look at the three components that form the Rio Tinto Better Health Cover.  
Choosing the right cover is easy....

1

Choose your level of hospital cover.

## Free Essentials Hospital cover

**\$0 cost to you. Fully-funded by Rio Tinto.\***

[Assumes no Lifetime Health Cover loading.]

Covers the essentials like heart-related services, colonoscopies, appendicitis treatment and knee reconstructions with a \$500 excess.

## Upgrade to Top Hospital cover

**Rio Tinto will pay for around 70% of the premium.\***

[Assumes no Lifetime Health Cover loading.]

Comprehensive cover for services such as obstetrics-related services, fertility treatment and knee/hip replacements with a \$500 excess. If you're entitled to an Australian Government Rebate then upgrade to Top Hospital for less.

2

You can choose to purchase extras with your hospital cover at a 12% discount.

## Gold Extras 85

85% back at any recognised extras provider for a comprehensive range of services including general and major dental, orthodontics, physio, chiro, health appliances and more plus 100% back on optical items (all benefits subject to limits).

## Silver Extras 70

70% back at any recognised extras provider for key health services including general and major dental, physio and chiro plus 100% back on optical items (all benefits subject to limits).

## Bronze Extras 55

55% back at any recognised extras provider for key health services including general dental, physio and chiro plus 100% back on optical items (all benefits subject to limits).

3

And here's a bit of additional security from Rio Tinto at no cost to you.

## Rio Tinto Medical Plus

### Rio Tinto Medical Plus will cover:

- Hospital out of pockets over \$1,000 in a calendar year
  - Private hospital accident and emergency department fees, travel and accommodation and funeral benefits
- Plus a simpler claims process.

For further information and claim form, visit [riotinto.medibank.com.au](http://riotinto.medibank.com.au)

\* Applies to single, couple/family and single parent family memberships on resident covers. Please check with your Rio Tinto HR contact to confirm your eligibility.

# Benefits of health insurance

Here are some valuable reasons why it makes sense to have private health insurance.

## Greater control over your health

Having private health insurance is all about peace of mind. Important advantages include greater control over your health and wellbeing, as well as freedom of choice. With private health insurance you can:

- choose your doctor
- choose the hospital; and
- choose when to have treatment.

## Save on tax

By taking out any one of our hospital covers for you and your dependants, you can avoid paying the Medicare Levy Surcharge. This applies if your income for surcharge purposes is over an amount set by the Government. From 1 July 2012, if applicable, the surcharge will vary from 1% to 1.5% depending on your income. More information can be found at [ato.gov.au](http://ato.gov.au)

## Reduce your premium

If you're eligible for Medicare, you may be entitled to a rebate, which can help reduce your premium. Remember that Essentials Hospital cover with a \$500 excess\* (assumes no Lifetime Health Cover loading) is fully-funded by Rio Tinto so you will only be paying a premium if you upgrade to Top Hospital or add an extras cover.

The rebate percentage you're entitled to is determined by the age of the oldest person covered under the membership and your income.

If your income for Medicare Levy Surcharge purposes is less than the minimum threshold amount the maximum rebate entitlement is:

- 30% where everyone on the membership is aged 64 or under
- 35% where at least one person on the membership is aged between 65 and 69
- 40% where at least one person on the membership is aged 70 or over

If your income is above the minimum threshold amount, then you may still be entitled to a percentage of the rebate.

To calculate your income for the Australian Government Rebate on private health insurance and Medicare Levy Surcharge purposes, go to [ato.gov.au](http://ato.gov.au) or consult your personal finance or taxation advisor.

## Avoid a higher premium by joining early

Generally, if you take out hospital cover by 1 July following your 31st birthday and maintain it, you can avoid paying a Federal Government Lifetime Health Cover loading on your premium.

See page 24 for more details.

## Benefits for everyday health services

Having extras cover also makes sense. With extras you'll be able to claim benefits on everyday health services, such as dental and physio, that aren't generally covered by Medicare. Extras also provides cover for services that can help you maintain your health and wellbeing, like naturopathy and remedial massage.

### Treatment when I need it

Some of the most common hospital procedures in the public hospital system can have lengthy waiting lists:

- ✓ 351 days for removal of tonsils
- ✓ 75 days for heart surgery
- ✓ 357 days for hip replacement surgery
- ✓ 376 days for knee replacement surgery.

But with private health insurance, you have more control over when you're treated, who treats you and where.

National waiting times at 90th percentile as reported by the Australian Institute of Health and Welfare, Australian Hospital Statistics 2010-2011.

# Medibank – health cover that gives you more

At Medibank, we believe every Australian has the right to better health so we're committed to making health cover better for our members. Here are some reasons why you'll find Medibank is such a great choice.

## Why corporate health cover?

As a Medibank member with Rio Tinto Better Health Cover, you'll receive:

- private health insurance for you and other family members covered by your membership at a 12% discount
- priority service with a dedicated phone line – 1800 RIO RIO (1800 746 746)
- access to special offers and discounts.

## Mi Health – a new level of health support with our hospital covers

You'll get even more value from your Corporate hospital cover with access to Mi Health. It's a range of health support services including access to Medibank nurses on our 24/7 Health Advice Line, Hospital Support, an online health resource and mobile health apps to help you make healthier decisions on the go.

For more about how Mi Health can benefit you, see page 9.

### Are you covered for ambulance?

Ambulance services are included under all Hospital covers described in this brochure. Unless you're already covered (e.g. under a state scheme), we'll cover the cost of eligible ambulance services if you need immediate professional attention **and** your medical condition is such that you couldn't be transported any other way. See page 23 for more details.

## Betterhealth telephone programs

Through our Betterhealth telephone support programs, registered nurses and health professionals can help you manage your health. Betterhealth On Call is a 12 month program that offers support for members with conditions such as heart problems and diabetes. Betterhealth Coaching is a six month program that can help you achieve your goals such as weight loss, improving fitness and managing stress. Available to members with hospital cover, other eligibility criteria apply – call 1800 817 635.

The Betterhealth services are provided by Medibank Private Limited and its related companies. For details on how your personal (including sensitive) information is handled see the back cover of this brochure.

## Extra value at Members' Choice providers

If you choose an extras cover from the Rio Tinto Better Health Cover range, you'll get a percentage back (subject to limits) – no matter which recognised extras provider you use.

You can also access greater value by visiting a Members' Choice extras provider for discounted products and services. Medibank has negotiated with many healthcare professionals on your behalf so you won't be charged more than the agreed price.

For more details, see page 10.

## No hospital excess for kids

With our hospital covers, you won't be charged an excess if a child on your membership needs to go to hospital.

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## Your grown up kids are also covered

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Your adult children can stay on your cover at no extra cost until they're 21, or if they're studying full-time until they're 25, provided they're not married or in a de facto relationship. But if they're not full-time students we have our families with adult children option. You do pay a higher premium but it can be cheaper than if they were to take out their own cover at the same level.

For more information see page 22.

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## Managing your membership online

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Online Member Services is an easy, secure way to manage your membership details and submit claims, whenever and wherever it suits you.

See page 20 for more information.

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## On-the-spot claiming for extras

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If your health care provider offers on-the-spot electronic claiming, just swipe your Medibank membership card and your claim will be processed on the spot. Then all you do is pay the balance.

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## More than just health cover

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As a Rio Tinto Australia employee, with Medibank you also get a discount on the following products:

- travel insurance
- pet insurance
- life insurance
- income protection.

For more information, go to [medibank.com.au](http://medibank.com.au)

### Like to know more?

Take a look at Things worth knowing on page 21

Call our corporate hotline 1800 RIO RIO (1800 746 746).

Visit a Medibank store

## 24/7 Health Advice Line

Medibank nurses can answer any health question

## Hospital Support

Personal advice and support during your hospital stay

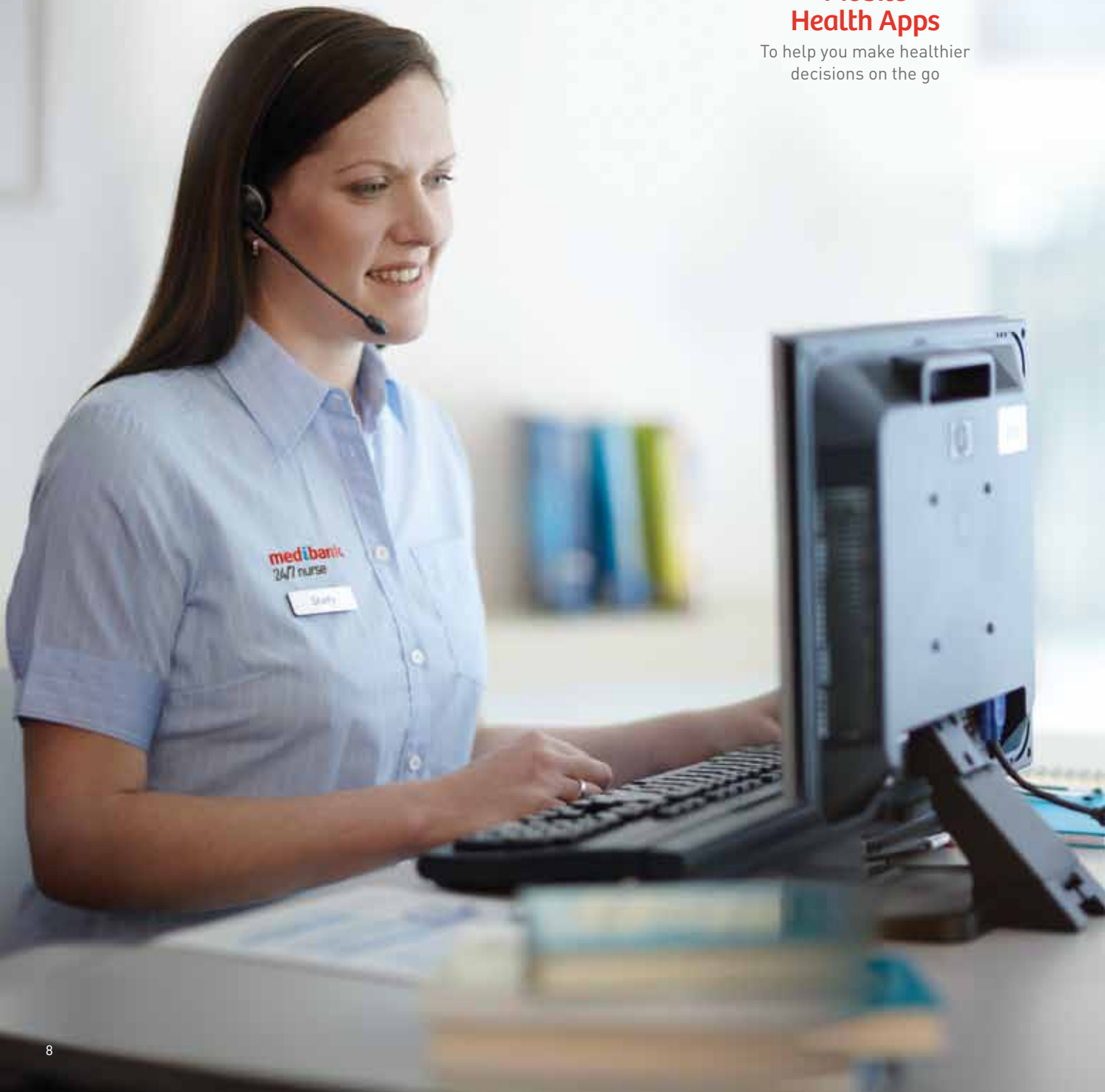
# mi health

## Health Hub

Your one-stop online resource for a healthy lifestyle

## Mobile Health Apps

To help you make healthier decisions on the go





# Mi Health - better health support for our members

**Mi Health is a new range of health support services, designed to help our members manage their health and lifestyle.**

As a member with Corporate hospital cover, you'll have access to the Mi Health support services.

It's our commitment to making health cover better for our members.

## 24/7 Health Advice Line

Call a Medibank nurse with any health question you and your family may have, 24 hours a day, seven days a week.

Designed to complement the care given by general practitioners and other health professionals, Medibank nurses can give you advice about your health, symptoms, diagnosed conditions and discuss treatment options. They can also help you find medical centres, child health services, dentists, mental health services, pharmacies and more.

If you call with a health problem that our nurses believe should be seen by a doctor promptly, they'll offer to ring your regular GP and help you make an appointment.

**Members can access the Medibank nurse by calling 1800 Mi Health (1800 644 325).**

## Health Hub

Health Hub is an online health resource overseen and maintained by doctors. It includes:

- tools to help assess your health age, calculate risk factors and set personalised health goals
- informative videos about medical procedures and health conditions
- a range of coaching programs to help you manage your health
- an extensive library of articles, exercises, healthy recipes, newsletters and more.

**Members can access Health Hub by logging onto Online Member Services at [medibank.com.au](http://medibank.com.au)**

## Hospital Support

Hospital Support is a growing service designed to give you personal support during a stay of one night or longer in a Members' Choice hospital.

During your stay, one of our Hospital Liaison Representatives can help you get the most out of your cover. They can answer questions about your entitlements as a private patient, medical benefits covered, claiming procedures, out-of-pocket expenses and more.

The Hospital Liaison Representative can also provide support and assist you with reviewing your cover and seeing what other covers may better suit your needs. They can refer you to health information and coaching programs that may be of interest and if need be, even add a newborn to your membership.

Hospital Support is currently only available at selected Members' Choice hospitals.

**Call us on 131 680 before you go to hospital.**

## Mobile Health Apps

Access our health apps on your mobile when you need health information on the go.

### Symptom Checker\*

Check your everyday symptoms, find out what to do about them including when to seek professional treatment.

\* Only available on iPhone. iPhone is a trademark of Apple Inc.

### Energy Balancer

To help you balance the foods you're eating with exercise and activities.

### Like to know more?

For more information about Mi Health, 131 680 or visit [medibank.com.au/mihealth](http://medibank.com.au/mihealth)

# Members' Choice

**If you choose an extras cover from the Rio Tinto Better Health Cover range, you'll get a percentage back (subject to limits) – no matter which extras provider you use.**

You can also access greater value by visiting a Members' Choice extras provider for discounted products and services.

Our Members' Choice network is one of the largest health provider networks in Australia, covering most private hospitals and the widest range of extras services of any health fund.

We've negotiated with many healthcare professionals on your behalf so you won't be charged more than the agreed price. We've also negotiated discounts off normal prices at optical retailers and for orthotics.

A Members' Choice extras provider must agree to and meet Medibank's customer service standards in addition to meeting any registration standards for practising that profession.

## Hospital

Visit a Members' Choice hospital and you'll get better value for money compared to a Non Members' Choice private hospital, as long as the service you receive is covered by our agreement with the hospital and is included under your cover.

### What about out-of-pocket expenses?

Even if you go to a Members' Choice hospital, you're still likely to have out-of-pocket expenses. The hospital and doctors treating you should tell you about their costs before you go to hospital – so it's important to ask. Give us a call before you go to hospital so we can help you ask the right sort of questions.

See page 27 for more information.

### Find a Members' Choice provider

To find a Members' Choice hospital or extras provider use our mobile app [medibank.com.au/mobile](https://medibank.com.au/mobile)

Enjoy greater value

when you visit a Members' Choice extras provider

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## Extras providers

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### Benefits of Members' Choice extras providers

- Capped charges\*
- Discounts at optical retailers and for orthotics
- Wider range of other extras services than other insurers
- Generally lower out-of-pockets than Non Members' Choice providers.

\* Excludes optical retailers

### What types of providers are included in Members' Choice?

Our Members' Choice network covers more types of extras services than any other private health insurer and includes the following:

- Dentists
- Dental prosthetists
- Optical retail outlets
- Chiropractors
- Physiotherapists
- Podiatrists
- Acupuncturists
- Naturopaths
- Remedial massage therapists.

Go to [medibank.com.au](http://medibank.com.au) or call us on 131 680 to find your nearest Members' Choice provider. Please note, Members' Choice extras providers may not be available in some areas.

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## Members' Choice Optical Network

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We've got the largest health fund optical network nationally, and as a result provides you with access to discounted products and services.

### Glasses and contacts

We have arrangements with the following providers along with selected independent optical providers.



\* Only available in Tasmania

### Laser eye surgery

As part of our interest in your better health, Medibank has also negotiated with Vision Eye Institute^ a special agreement. Members with Gold Extras 85 Cover who have LASIK or ASLA surgery performed by a Vision Eye Institute surgeon will receive a 15% reduction on their surgical fees\*.

And as part of the special agreement with Vision Eye Institute Medibank members with Rio Tinto Better Health extras cover will have access to the following additional features:

- dedicated clinical contact
- dedicated 1800 phone number
- tailored webpage on the VEI website for Medibank members and;
- inclusive and detailed surgical and information packs.

^ Only available for services in Vic, NSW and Qld

\* Excludes initial assessment fees

To find out how to take advantage of these great offers, visit [medibank.com.au](http://medibank.com.au)





# Choosing the right cover

When choosing health insurance it's important to select what fits your lifestyle, budget and health needs.

If you want...	Take a look at...
Access to health & lifestyle support with Mi Health	<b>Essentials Hospital or Top Hospital</b>
Health insurance simply to avoid paying extra tax	<b>Essentials Hospital</b>
To start a family in the future	<b>Top Hospital</b>
Hospital cover for total peace of mind	<b>Top Hospital</b>
Access to health services like dental, physio, optical	<b>Add any of our extras covers to your hospital cover</b>
Cover for your kids' growing health needs	<b>Top Hospital and Gold Extras 85</b>
To receive more benefits back on extras	<b>Gold Extras 85 or Silver Extras 70 available with hospital covers</b>

## Planning on having a baby in the future.

You should consider our Top Hospital cover.

## Young, fit and only want cover for things you might need.

You should check out our Essentials Hospital cover combined with our Silver Extras 70 or Bronze Extras 55 covers.

## Health needs are changing and you want insurance for peace of mind.

You should consider our Top Hospital and Gold Extras 85 covers.

# Choosing your health cover is simple

Before deciding whether you need hospital cover, or hospital and extras cover, it's important to understand exactly what each offers you.

## When you need hospital cover

If you ever need to go to hospital and you want greater control over who treats you, where you are treated and how soon, then yes, hospital cover is for you. It helps you manage the cost of your hospital stay, including accommodation and treatment costs. It could also help you avoid paying extra tax.

Plus, with hospital cover you'll also have access to all the Mi Health support services and resources to help you make healthier decisions.

## When you need extras cover

If you want cover for other health services that Medicare generally doesn't pay for, like dental, prescription glasses and contact lenses, physio, osteo and chiro, then yes, extras cover is for you.

Purchase a tailored extras cover that pays a percentage back at any recognised extras provider (subject to limits) plus you will receive 12% discount off the premium.

Extras covers are only available with hospital covers.

### Choose a hospital cover

#### Essentials Hospital

With \$500 excess.  
\$0 cost to you and your family.\*  
(Assumes no Lifetime Health Cover loading.)

#### Top Hospital

Upgrade to Top Hospital with \$500 excess and Rio Tinto will pay around 70% of the premium.\*  
(Assumes no Lifetime Health Cover loading.)  
Other excess options are available.



### Choose an extras cover

#### Gold Extras 85

#### Silver Extras 70

#### Bronze Extras 55

\* Applies to single, couple/family and single parent family memberships on resident covers. Please check with your Rio Tinto HR contact to confirm your eligibility.

## Step 1: Choose your level of hospital cover

Choose Essentials Hospital or Top Hospital cover based on your needs, lifestyle and budget.




## Step 2: Choose your hospital excess

There are excess options available. You can choose to reduce the hospital excess and pay an additional amount. An excess is an amount you must pay towards your hospital treatment. An excess applies per person per calendar year and doesn't apply to children on your membership.

Hospital cover with access to Mi Health support services		Excess options		
<b>Essentials Hospital</b>	Covers the essentials like heart-related services, colonoscopies, appendicitis treatment and knee reconstructions.	\$250	\$500	
<b>Top Hospital</b>	Comprehensive hospital cover including services such as obstetrics-related services, fertility treatment and knee/hip replacements.	\$0	\$250	\$500

## Step 3: Choose your level of extras cover

If you'd like to purchase extras you'll enjoy the certainty of knowing how much you get back – at any recognised extras provider. The higher the level of cover, the higher the limits.

Extras cover		Percentage back at any recognised extras provider (subject to limits)
<b>Gold Extras 85</b>	Comprehensive cover for a range of health services and items such as general and major dental, orthodontics, physio, chiro, health appliances and more, plus 100% back on optical items (all benefits subject to limits). This cover offers the highest level of limits.	 85% back
<b>Silver Extras 70</b>	Cover for key health services including general and major dental, physio and chiro plus, 100% back on optical items (all benefits subject to limits).	 70% back
<b>Bronze Extras 55</b>	Affordable cover for key health services including general dental, physio and chiro, plus 100% back on optical items (all benefits subject to limits).	 55% back

# Hospital covers

## What benefits are paid

For the services included under each of our covers, we'll pay benefits (less any applicable excess) towards:

- private hospital accommodation
  - overnight accommodation in a private or shared room
  - same day admissions
  - intensive care
  - theatre fees
- public hospital accommodation as a private patient
  - overnight accommodation in a private or shared room
  - same day admissions (shared room only)
- doctors' fees for in-hospital medical services when you are treated as a private patient
- surgically implanted prostheses and other items on the Federal Government's Prosthesis Schedule
- eligible ambulance services where immediate professional attention is required (see page 23).

## What's an excess?

If you have an excess on your cover, you pay this amount towards the cost of your hospital treatment. The higher the excess on your cover, the lower your premium. An excess applies per person per calendar year and doesn't apply to children on your membership.

It's important to note that you may have other out-of-pocket expenses. Please see page 27 for more information or give us a call.

## Mi Health – better health support for our members

When you take out hospital cover, you'll have access to the Mi Health range of health support services.

Read more about Mi Health on pages 8-9.

Services  
you need

and affordable  
premiums

### Before you go to hospital

Call us first on 131 680 so we can help you understand what's involved and the types of questions you need to ask your doctor or specialist.



## What's covered

Item/Service	Essentials Hospital	Top Hospital
Ambulance services (see page 23)	✓	✓
Heart-related services	✓	✓
Knee reconstruction surgery & investigations	✓	✓
Shoulder reconstruction surgery & investigations	✓	✓
Appendicitis treatment	✓	✓
Removal of tonsils & adenoids	✓	✓
Colonoscopies	✓	✓
Plastic & reconstructive surgery (excludes cosmetic surgery)	✓	✓
Renal dialysis	✓	✓
Psychiatric treatment	Restricted	✓
Rehabilitation treatment	Restricted	✓
Obstetrics-related services (eg. pregnancy)	✗	✓
Fertility treatment (eg. IVF and GIFT programs)	✗	✓
Joint replacement surgery (eg. hip, knee and shoulder replacement surgery)	✗	✓
Major eye surgery - including cataract & lens-related services	✗	✓
All other in-hospital services where a Medicare benefit is payable	✓	✓
Access to Mi Health support services	24/7 Health Advice Line / Hospital Support / Health Hub / Mobile Health Apps	
Excess options Excess doesn't apply to children on your membership	\$250/\$500	\$0/\$250/\$500

### Essentials Hospital

- Services which are normally restricted or excluded will be covered where treatment is required for injuries sustained in an accident after joining this cover.

**Key:** ✓ Services we pay benefits towards. ✗ Services we don't pay benefits towards.

**Restricted** = Services we pay limited benefits for in a private hospital. It's important to consider whether you're likely to need these services because, the benefits for restricted services generally won't cover the full cost of treatment in a private hospital and you may end up with significant out-of-pocket expenses.

**Waiting periods** may apply including the general 2 month waiting period, 12 months for pre-existing ailments and a 12 month waiting period for obstetrics-related services. For more information including other benefit assessment information, please refer to **Things worth knowing** on page 21.

**Note: Cosmetic surgery/procedures are excluded on all Medibank covers.**

# Extras covers

Our flexible range provides great value whatever level of cover you choose.

You can choose to purchase a tailored extras cover that pays a percentage back at any recognised extras provider (subject to limits), plus you will receive a 12% discount off the premium.

You'll enjoy the certainty of knowing you'll get:

- 85%
- 70% or
- 55%

of the charge back (subject to limits).

The choice is yours.

## Cover for everyday health services

Whether you're fit and healthy or in need of some extra care, you choose the cover you want from Gold Extras 85, Silver Extras 70 or Bronze Extras 55. So the higher your level of cover, the higher your limits.

For more details, see the table on the opposite page.

## Percentage back at any recognised extras provider

When you visit a recognised extras provider for eligible services, you'll get a percentage of the charge back (subject to limits). The percentage back you get will depend on the level of cover you choose – the higher the cover, the higher the percentage back.

## Extra value at Members' Choice providers

You can also access greater value by visiting a Members' Choice extras provider for discounted products and services. Medibank has negotiated with many healthcare professionals on your behalf so you won't be charged more than the agreed price.

## Corporate extras cover comparison table

### You'll get great benefits whatever extras cover you choose

Visit any recognised extras provider and you'll receive a percentage of the charge back (subject to limits). The higher the level of cover the more you're able to get back.

We'll pay benefits towards the items and services listed in the table on the opposite page. It shows the limits that apply per person per calendar year under each different level of cover.

### Limits

Benefits are subject to annual and maximum benefit limits. An annual limit is the maximum amount we'll pay for items or services in a calendar year. The benefit we pay for a particular item or service may be less than your annual limit and less than your provider's charge which means you may have out-of-pocket expenses to pay (see page 27 for more information).

Benefits will be subject to the maximum price a Members' Choice provider is permitted to charge or the maximum benefit payable set by Medibank at a Non Members' Choice provider.

### Orthodontic entitlement

If you have Gold Extras 85 cover, you'll start with an opening balance in the first year and you're topped up with an additional amount each full calendar year of membership up to a maximum lifetime limit for your level of cover. Once you've served your 12 month waiting period, you can claim up to 100% of your balance.

### Benefit replacement period

Benefit replacement periods may apply for some items /services. See page 24 for more information.

### Get a free dental check-up

With Gold Extras 85 you get a free dental check up, scale and clean (excludes x-rays) per person per calendar year at any dentist.

Item/Service	Waiting period	Gold Extras 85	Silver Extras 70	Bronze Extras 55
<b>General dental</b> Includes preventative treatment, dental examinations, scale & clean	2 months	No annual limit	\$900	\$600
Surgical dental procedures	12 months			
<b>Major dental</b> <ul style="list-style-type: none"> <li>• Endodontic services (eg. root canal)</li> <li>• Periodontics (ie treatment of gum disease)</li> <li>• Crowns, dentures and bridges</li> <li>• Major restorative fillings (eg. veneers)</li> </ul>	12 months	\$1,600	\$1,200	✗
<b>Orthodontics</b> eg. braces. (See page 26 for more information)	12 months	Opening balance \$1,600 Top up of \$500 per year up to \$3,500 lifetime limit	✗	✗
<b>Optical items</b> 100% back up to annual limit. Includes frames, prescription lenses & contact lenses	6 months	\$300	\$225	\$180
<b>Prescription pharmaceutical (non-PBS)</b> Includes most prescribed items not subsidised by the Government (non-PBS items). Benefits will be paid after a set charge has been deducted.	2 months	\$500	\$400	\$300
<b>Physiotherapy</b> Includes consultations, group pilates & hydrotherapy sessions	2 months	\$800	\$500	\$500 combined limits
<b>Chiropractic and osteopathy</b>	2 months	\$600	\$300	
<b>Natural therapies</b> Consultations for naturopathy, acupuncture, remedial massage, myotherapy, reflexology, kinesiology, Chinese & Western herbalism, exercise physiology, shiatsu, aromatherapy, homeopathy, Bowen therapy, Alexander technique & Feldenkrais	2 months	\$700 combined limits	\$500 combined limits	\$300 combined limits
<b>Podiatry</b> Includes prescribed orthotics	2 months			
<b>Dietetics</b>	2 months			
<b>Occupational therapy</b>	2 months			
<b>Speech therapy</b>	2 months			
<b>Eye therapy</b>	2 months			
<b>Hearing aids</b>	36 months			
<b>Breathing appliances</b> Peak flow meters, nebulisers and spacing devices	12 months			
<b>Blood glucose monitors</b>	24 months			
<b>Blood pressure monitors</b>	24 months			
<b>Health appliances &amp; external prostheses</b> eg. insulin delivery pens	2 months			
<b>Clinical psychology</b> Consultations only	2 months			

✗ Services we don't pay benefits towards.

# Manage your membership online

Medibank Online Member Services is a convenient way of managing your membership online<sup>†</sup>. You can submit claims and access health programs 24/7. By logging in to Online Member Services you can make the most of your membership.

Make an extras claim and view claiming history		Manage your membership
Acupuncture	Eye therapy	Manage your mailbox and send secure mail to us
Chiropractic	Osteopathy	View membership details
Dental	Prescription pharmaceuticals (non-PBS)	Add or remove dependants
Dietetics	Physiotherapy	Download brochures and forms
Myotherapy	Podiatry	Order a replacement membership card
Naturopathy	Clinical psychology	Request statements
Occupational therapy	Remedial massage	View annual statements
Optical items	Speech therapy	Request to suspend membership
Orthodontics		Update contact details
		Register your bank account details to receive benefits for extras claims by EFT

**Please note:** All current Medibank members aged 16 years and over can use Online Member Services. If you're the contributor, you'll have access to all the features under your cover type. Access to some functions may be limited for your spouse/partner and dependants.

<sup>†</sup>Waiting periods may apply to some services.

## Online Health Hub

The Health Hub is an online resource you can rely on. It's full of tools, programs, videos and information to help you plan a healthy lifestyle. Best of all, the Health Hub is maintained and overseen by doctors. Just login to Online Member Services and start a healthier lifestyle today. See page 9 for more information.

### Register and Login

You can register for Online Members Services at [www.medibank.com.au/register](http://www.medibank.com.au/register)  
To login visit [www.medibank.com.au/login](http://www.medibank.com.au/login)

If you're having trouble registering please call us on 131 680.

## Medibank Mobile App

The Medibank Mobile App is free for anyone with a compatible iPhone or Android™ smartphone. If you've registered for Online Member Services you can use your login details to access the app. You can download the app from the App Store on iPhone or Android Market on Android™ smartphones. There are other apps you can access as a Medibank member, see page 9 for more information.

iPhone is trademark of Apple Inc.  
Android is a trademark of Google Inc.  
App Store is a service mark of Apple Inc.

# Things worth knowing

Understanding private health insurance can be tricky. The following section is designed to help make things a little easier for you. It contains some important information about our covers along with explanations of terms you may not be familiar with. It also gives you an overview of some of our key rules.

It's also important you have a good look through the Membership guide which is available at [medibank.com.au](http://medibank.com.au). You'll also receive a copy of this once you join. This contains a summary of the rules of your membership (known as our Fund rules) – things like your responsibilities as a member. It's also important to read the Cover summary you'll receive for further details about your cover and entitlements.

## About your corporate health cover

### Am I eligible for a corporate health cover?

You are eligible because you're either a member or employee of an organisation that has a corporate health cover arrangement with us. However, as every organisation has different eligibility criteria, please confirm with your employer or association.

### What is a corporate health cover arrangement?

It's an arrangement between us and an organisation, to provide you as a member of an association or employee with health cover at corporate discounted rates and with priority service.

### What if my circumstances change?

You may no longer be eligible for the corporate discounted rate if any of the following occurs:

- you cease to be a member or employee of an organisation with a corporate arrangement
- your organisation no longer has a corporate arrangement with us

If any of the above occurs, please contact us on **131 680**.

### Does the organisation receive a commission?

We have a variety of corporate health cover arrangements and your organisation may receive a commission for your membership. Please contact your organisation for more information.

## About your membership with us

### Do you have a 'cooling-off' period?

If you join but then decide you'd like to either cancel your membership or move to another cover, we have what is known as a 'cooling-off' period. This also applies if you're already a member and have recently changed your cover.

As long as you tell us within 30 days of joining or changing your cover, and no claims have been made against your policy there's no problem. We can either transfer you to a more suitable cover or refund your premium in full.

### What's the difference between a member, a membership and a contributor?

There are three terms we use when we're talking about membership: member, membership and contributor. As a starting point, it's good to be clear on all three.

A member is simply any person covered under a Medibank membership.

A membership is made up of one or more members and can consist of:

- just one person (single membership)
- a couple membership which covers you (the contributor) and your spouse/partner
- single parent family membership, which covers you and
  - any of your child dependants and/or
  - any of your student dependants
- family membership, which covers you and your spouse/partner and
  - any of your child dependants and/or
  - any of your student dependants
- family with adult children membership option, which can, for an additional cost, extend a single parent family or family membership to include any of your children who:
  - have reached the age of 21 but are under 25,
  - are not studying full-time, and
  - are neither married nor living in a de facto relationship.

The term contributor refers to the person who 'owns' the membership. This is the person we contact when we need to communicate important information.

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## About your membership with us

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### Can my partner manage my membership too?

Although you as the contributor 'own' the membership, your partner (if he or she is also covered by the same membership) can automatically manage most aspects of the membership too, including: making claims, adding or removing dependants, changing cover, suspending the membership and changing contact and bank account details.

However, as the contributor you're the only one who can remove yourself from the membership or cancel the membership. It's important to be aware that this means we may disclose registered membership details to both of you. If at any time you want to be the only person who can manage the membership or you require further information about the handling of personal information, please call us on **131 680**.

### How often should I review my cover?

You may have different health needs at different stages of your life, so it makes sense to review your health cover regularly. This is especially important if your situation changes. For example, if you're planning to start a family, the kids have grown up or either you or someone in your family has developed a health issue. Whatever your situation, it's a good idea to call us to discuss your options on **131 680** or visit one of our stores.

### If I transfer to Medibank from another health fund, am I covered immediately?

In some cases yes, in other cases no. You'll be covered for services on your new cover from the date you join if: **(i)** those services are also included on the Medibank cover we consider to be most similar to the cover you had with your former fund, **(ii)** you join us within two months of leaving your former fund and **(iii)** you've already served the applicable waiting periods. So although we'll recognise any waiting periods you've served with your former fund, if you haven't fully served the applicable waiting periods, you'll need to serve the balance with us before you're eligible for benefits.

Additional waiting periods will also apply if you've switched to a higher level of cover with Medibank or if you wait more than two months after leaving your former fund before you join Medibank. For more information see page 25.

Any loyalty bonus or other similar entitlements built up with your former fund (eg. Orthodontic entitlements) will not transfer to Medibank.

If you transfer to Medibank or to another Medibank cover, any benefits that may have been paid under your previous cover may be taken into account in determining the benefits payable under your new cover.

### What if I want to add my partner to my single membership?

It's easy to change from a single to a couple membership, but you should be aware that higher premiums apply to a couple membership and additional waiting periods may apply to your partner.

### Can I add a dependent child (including newborns) to my membership?

#### If you're on a single membership:

To add a dependent child to your membership you'll need to change from a single to a family or single parent family membership. If you do this within two months from the date of their birth or inclusion in your family unit (eg. through marriage, adoption or fostering) your child won't have to serve any additional waiting periods. The change will be backdated to the date of birth or inclusion in your family unit. Also, with this change of membership you may pay a higher premium.

#### If you're on a couple or family membership:

You can add a dependent child to your membership at any time and they won't need to serve any waiting periods already served on the membership. Your premium doesn't increase if you change from a couple to family membership, or add a dependent child to a family membership.

### What if I want more information on adding a dependent child or newborn?

Call us on **131 680** or visit a Medibank store.

### What happens if my newborn baby needs hospital treatment?

When a newborn baby is in hospital with its mother, no accommodation charges apply for the baby unless the baby becomes an admitted patient in their own right. This happens when the baby requires admission to a neo-natal intensive care unit or it is the second or later child of a multiple birth. If your baby is admitted to hospital, please call us.

### If I have children, how long can they be insured on my cover?

As your children grow older they can still be covered at no additional cost on your family or single parent family membership until they turn 21 or, if they are full-time students, until they turn 25, provided they're not married or in a de facto relationship. This is because we consider them to be your dependent children.

If you have unmarried children aged 21 to 24 who aren't studying full-time and are not in a de facto relationship, we also have a membership option called families with adult children. Although you'll pay a higher premium, it can prove to be a more economical option for your children than if they were to take out their own cover at the same level. Waiting periods may apply.

## Adding a dependent child

If you have a baby, don't forget to add them to your membership within 2 months from the date of their birth.

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# Ambulance Services

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## What's covered

Where you need immediate professional attention **and** your medical condition is such that you couldn't be transported any other way, you are covered for services provided by an ambulance provider approved by Medibank, in the following circumstances:

- ambulance transportation to a hospital to receive immediate professional attention
- when an ambulance is called to provide immediate professional attention but transport by ambulance is not needed
- when, as an admitted patient, the hospital requires you to be transferred from one hospital to another (excluding transfers between public hospitals)
- transport by air ambulance, where pre-approval has been obtained from Medibank by the air ambulance provider.

## What's not covered

We don't pay benefits for any ambulance service that has not been defined above under 'What's covered'. This includes the following circumstances:

- ambulance services where immediate professional attention is not required (eg. general patient transportation)
- any ambulance transport required after discharge from hospital
- inter-hospital transfers when you're transferred from one public hospital to another public hospital as an admitted patient
- 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, such as South Care or NRMA Care Flight.

## Are you already covered?

### If you live in WA

We don't pay benefits if you're aged 65 or over and are eligible for free ambulance services.

If you're eligible for subsidised services, you may be able to claim the remaining cost from Medibank.

### If you live in NSW or ACT

We don't pay benefits if you have a hospital cover because you pay an ambulance levy as part of your hospital cover premium. This means you're entitled to cover under your state scheme.

You'll need to send your claim to Medibank for endorsement. We'll forward your claim to the appropriate ambulance service provider for payment.

If you have a Commonwealth concession card, you may be entitled to an exemption from paying the ambulance levy and to free ambulance services.

### If you live in QLD or TAS

We don't pay benefits if you're entitled to full cover for ambulance services under your State Government scheme.

For more information call us on **131 680**.

## About Lifetime Health Cover (LHC)

### What is LHC?

This is a Federal Government initiative where a loading can be applied to your premium if you take out hospital cover later in life. It's aimed at encouraging people to take out hospital cover early in life and maintain it.

### When does the loading apply?

The loading generally applies if you don't have hospital cover on 1 July following your 31st birthday. This means for every year you don't have hospital cover, you'll pay a 2% loading on top of a base rate on your premium (or on your share of a couple or family premium) up to a maximum loading of 70%. The loading applies only to hospital cover or the hospital component of your cover – not to extras covers. Any loading that applies to your premium will be removed after you've held hospital cover continuously for 10 years. However, the loading may be reapplied if you then cease to hold a hospital cover and subsequently take it up again.

### Does the LHC loading apply to everyone?

No, the LHC loading doesn't apply to people born on or before 1 July 1934. There are also special rules that apply to people who fall under an LHC exemption category. For more information please refer to the Department of Health and Ageing website – [health.gov.au](http://health.gov.au)

### What if I drop my hospital cover?

You can drop your hospital cover for a sum total of three years (1,094 permitted days) during your lifetime without any change to your LHC loading status. If you drop your hospital cover for longer than this, in most circumstances you'll have to pay an LHC loading (or, if you were already paying the loading, it will be higher) once you take out hospital cover again. The following are additional permitted days without hospital cover that won't count towards your 1,094 permitted days without hospital cover:

- if you've been overseas continuously for more than one year (this includes visits back home of less than 90 days at a time)
- if your health fund has agreed to a period of suspension.

### What happens if I change health funds?

If you switch to us from another fund we recommend you keep your cover with your old fund until the date you transfer to us. This way you avoid using up any of the 1,094 permitted days you can be without hospital cover during your lifetime. Also, if you already have an LHC loading, it will move with you.

## About benefit replacement periods

### What's a benefit replacement period?

It's a period of time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. For example, if you received benefits for an insulin delivery pen, purchased on 1 July 2011, you can only receive benefits for another one purchased on or after 1 July 2013.

### How long is a benefit replacement period?

This varies from item to item and generally applies per member unless specified in the following table.

Period	Item/Service
12 months	External mammary prostheses
	Repairs of external prostheses and health appliances
2 years	Wigs
	Hip protectors
	Insulin delivery pens
3 years	Blood glucose monitors & blood pressure monitors
	Breathing appliances: - nebulisers - peak flow meters - spacing devices
	Mouthguards (for members up to 18 years of age, benefits may be payable for a replacement mouthguard each calendar year)
	Dentures, crowns and bridges
	Other health appliances and external prostheses
5 years	Hearing aids
	Sleep Apnoea – continuous pressure devices and other similar approved appliances under our hospital cover



## About waiting periods

### What is a waiting period?

All health funds have waiting periods. In short, a waiting period is a period of time you need to wait after taking out your cover before you can receive benefits for items or services covered.

You're not able to receive benefits for any services or items you might have obtained while you're serving a waiting period or before you joined Medibank.

### How do I know if a waiting period applies to me?

Waiting periods will apply if you're a new member, you're rejoining Medibank after not having health cover for some time or you're changing to a higher level of cover (either within Medibank or transferring from another fund).

If you're changing to a higher level of cover, you'll still be entitled to benefits at the level of your former cover while you're serving any waiting periods on your new cover if:

- those services were included under your old cover; and
- you've already served the waiting periods that applied under your old cover.

Waiting periods may apply to some of our betterhealth programs.

### How long is the waiting period?

That depends on the types of services or items included on your cover. Have a look at the following table for a guide.

Period	Item/Service
No waiting period	Mi Health support services
2 months*	All services (including ambulance services) except those set out below
6 months	Optical items
12 months	Pre-existing ailments. However, the 12 month pre-existing ailment waiting period does not apply to hospital or hospital substitute treatment for psychiatric treatment, rehabilitation treatment or palliative care
	Obstetrics-related services
	Major dental services
	Orthodontic treatment
	Surgical dental procedures
	Nebulisers
	Peak flow meters
24 months	Spacing devices
	Blood glucose monitors & blood pressure monitors
36 months	Hearing aids

\* If you have an accident after joining us or changing cover and require treatment, we'll waive the 2 month waiting period.

## About pre-existing ailments

**It's standard practice in the private health insurance industry to apply a waiting period of 12 months before benefits are payable for a pre-existing ailment.**

### What's a pre-existing ailment?

By pre-existing ailment, we mean an ailment, illness or condition where signs or symptoms existed at any time during the six months before you either took out your new cover, or transferred to a higher level of cover. We'll appoint a medical or health practitioner to determine whether you have a pre-existing ailment, based on information provided by the practitioner(s) treating you.

### What if I have a pre-existing ailment?

If you're a new member, you'll have to wait 12 months before you can receive benefits for items or services related to a pre-existing ailment.

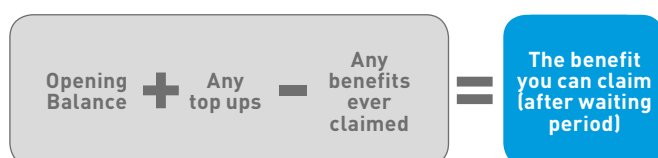
If you're changing to a higher level of cover (either within Medibank or from another fund), you may have to wait 12 months to receive the higher benefits, including benefits for services not previously covered.

### Before going to hospital or commencing treatment

It's important you call us first on 131 680. We can help you understand what's involved and the types of questions you should ask your doctor or specialist. We can also provide you with information on recognised providers and the benefits you're entitled to.

## How do orthodontic benefits work?

If you have Gold Extras 85 your orthodontic entitlement starts with an opening balance, which you can access once your 12 month waiting period is served. The balance is then topped up with an additional amount each 1 January (following the completion of your waiting period) up to a maximum lifetime limit.



Orthodontic entitlements are only available on Gold Extras 85:			
Cover	Opening balance	Additional annual top ups	Lifetime limit
Gold Extras 85	\$1,600	\$500	\$3,500

Example of orthodontic entitlements available on Gold Extras 85		
Dates	What you get towards orthodontics each year	Your available balance if no claim has been made
Date joined 30 Jun 2011	\$1,600 (opening balance)	×
Waiting period ends 30 Jun 2012	×	\$1,600
1 Jan 2013	\$500 (top up)	\$2,100
1 Jan 2014	\$500 (top up)	\$2,600
1 Jan 2015	\$500 (top up)	\$3,100
1 Jan 2016	\$400 (top up)	<b>\$3,500</b> (lifetime limit)

## Other rules for paying benefits

### Are there any other rules I need to know about?

Yes, there are some other important rules for you to be aware of.

- We only pay benefits for items and services delivered by Medibank-recognised providers.
- Some appliances may need to be ordered by a medical practitioner before benefits are payable eg. nebulisers.
- Restrictions may apply to the number of services you can claim in a particular period.
- To claim for a Sleep Apnoea device or similar device approved by Medibank, you'll need hospital cover. You'll also need to undergo an overnight investigation for Sleep Apnoea which is listed in the Medicare Benefits Schedule. The device must also be requested by a medical practitioner and purchased or hired within 12 months of undergoing the investigation.
- Limitations apply to some benefits. For example, for an initial consultation for an extras service, we generally pay the higher benefit (if any) per person, per provider, per calendar year only once in a course of treatment.
- Limited benefits apply to hospital charges for podiatric surgery performed by an accredited podiatrist, and dental procedures that are performed in a Non Members' Choice hospital.
- The benefits we pay towards hospital treatment will be no less than the minimum benefit as set by the Federal Government.
- The benefits we pay towards surgically implanted prostheses, and other items included on the Federal Government Prostheses Schedule, will be no more than the minimum benefit as set by the Federal Government.
- If you no longer need acute care and stay in hospital for more than 35 days, you'll be classified as a nursing home type patient. If this happens, we'll only pay a small portion of the daily hospital charges and you may need to pay the rest of the cost of your care. If you're in a private hospital, these costs may be substantial. Your doctor and hospital will be aware of this rule which applies to all health funds and they can advise you.
- We don't pay benefits for services or treatments where you are, or may be, entitled to compensation and/or damages. For example, State Government workers' compensation schemes, traffic accident schemes or public liability claims.
- We don't generally pay benefits for hospital procedures not recognised for Medicare benefit purposes (such as cosmetic surgery).
- No Medibank benefit is payable under extras where there is an entitlement to a Medicare benefit (eg. allied health services).

It's important you call us on **131 680** for information on recognised providers and the benefits you're entitled to before commencing treatment.

# About out-of-pocket expenses

## What's an out-of-pocket expense?

It's any expense for a hospital or extras service or item for which you won't be reimbursed – by either us or Medicare.

## What out-of-pocket expenses can I expect if I receive an extras service and how can I reduce them?

The out-of-pocket expense will be the difference between the provider's charge and the benefit we pay. To help reduce your out-of-pocket expenses, visit a Members' Choice extras provider where you can access capped charges and/or discounts.

## What kind of out-of-pocket expenses can I expect if I go to hospital?

Although hospital cover helps reduce the cost of your private hospital visit, you'll still have out-of-pocket expenses for things like your excess and any difference between what the hospital charges and the benefit we pay for the hospital services.

You can also expect to pay the difference between the charge for in-hospital medical services (eg. doctors' services, pathology and radiology) and what you receive from Medibank and Medicare. To explain it further, the benefits you're entitled to for the medical services you receive while you're in an overnight or day hospital facility are based on the Medicare Benefits Schedule (MBS) fee. The MBS is a list of all the services Medicare pays benefits for and the rules that apply to payment of those benefits.

Medicare pays 75% of the MBS fee and Medibank pays 25% (if the treatment is covered under your policy).

When a doctor charges more than the MBS fee, you'll have out-of-pocket expenses. These can vary and may be significant. This is what's referred to as a 'gap'. Have a look at the diagram below – it shows you the amount Medicare takes care of and the amount we cover for in-hospital medical services. It also shows you the gap.

**You should confirm all likely out-of-pocket expenses with your doctor and/or hospital before your admission.**

## How can I reduce my hospital out-of-pockets?

### Hospital charges

If possible, go to a Members' Choice hospital where our agreement with the hospital limits what you can be charged.

This means your out-of-pockets for hospital charges should be limited to things like:

- any excess you may have with your cover
- any pharmaceuticals not covered by our agreement with the hospital. This includes the cost of any drugs issued on discharge from hospital
- any gap for surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- costs for services not covered, or not fully covered, by our agreement with the hospital or under your cover
- costs for treatment in an emergency department in a private hospital.

If you go to a Non Members' Choice private hospital, you're likely to have significant out-of-pocket expenses.

### Doctors' charges

Before you go to hospital, ask your doctor or specialist if they'll participate in our GapCover scheme. This is because GapCover can help reduce or eliminate your out-of-pocket expenses for doctors' services received in a private hospital.

It's important to be aware that doctors can choose to participate in GapCover on a claim-by-claim basis and more than one doctor may be involved in your treatment. GapCover doesn't apply to pathology and radiology services, any applicable excess payment, services not included under your cover or out-of-hospital consultations.

Doctor's total charge for in-hospital medical services		
Medicare Benefits Schedule (MBS) fee – This fee is set by the Federal Government		Gap*
Medicare pays 75% of the MBS fee for in-hospital medical services.	Medibank pays 25% of the MBS fee for in-hospital medical services.	Medibank Private GapCover can help you minimise or even avoid this out-of-pocket expense.

\* The gap is the amount your doctor may charge over and above the MBS fee, leaving you out-of-pocket.  
Note: Doctors can choose whether they participate in GapCover on a claim-by-claim basis.

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## How to join

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Simply complete the following relevant application forms and submit them to us for processing. You can get the following forms by calling us, visiting a medibank store or downloading them from [riotinto.medibank.com.au](http://riotinto.medibank.com.au)

### 1. Application form

Complete this form to:

- Join Medibank
- Transfer from another health fund membership to Medibank
- Change your current Medibank cover
- Add or remove a spouse/partner or dependants.

### 2. Transfer certificate request

Complete this form if you're transferring to Medibank from another health fund and we can arrange to close your membership at your existing health fund and obtain a Transfer Certificate to show proof of your previous cover.

### 3. Application to receive the Australian Government Rebate on Private Health Insurance

Complete this form to have the Australian Government Rebate on Private Health Insurance deducted from your premium. This form is also applicable for the other rebate levels.

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## How to pay

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**As part of the Rio Tinto Better Health Cover you must pay any premiums not funded by your employer via payroll deduction**

Your membership will commence as soon your application has been accepted. An initial adjustment amount may be required due to a gap between your membership start date and your first payroll deduction being commenced.

You will be able to submit a claim upon joining, however, you will only receive reimbursement after your first premium is received and processed by Medibank.

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## Other important information

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### What's the best way for me to give feedback?

If you have any feedback on our products and services, or you'd like further explanation on anything to do with your membership, please contact us:

- call **131 680**
- email **ask\_us@medibank.com.au**
- visit any of our **Medibank stores**
- write to us at **Priority, GPO Box 9999** in your capital city.

### What if I have a complaint?

We'll try to resolve any complaint you may have the first time you raise it with us – please contact us with any issues through the contact points listed above. If you believe your complaint has not been satisfactorily dealt with, let us know and we'll escalate your complaint. You can also write to our Customer Resolutions team at Medibank, GPO Box 9999, Melbourne, VIC 3000.

Free, independent advice is also available from the Private Health Insurance Ombudsman:

- call 1800 640 695
- online at [phio.org.au](http://phio.org.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 please visit [health.gov.au](http://health.gov.au)

### Private Health Insurance Code of Conduct

We're proud to be a signatory to the Private Health Insurance Code of Conduct. The code was developed by the private health insurance industry and aims to promote the standards of service to be applied throughout the industry. The code is designed to help you by ensuring that:

- information which we provide to you is written in plain language
- our employees are competently trained to deal with your enquiries
- we protect the privacy of your information in line with the privacy legislation
- you have access to a reliable and free system of addressing complaints with us.

A copy of the code is available online at [privatehealth.com.au/codeofconduct](http://privatehealth.com.au/codeofconduct)

### Disclaimer

- Medibank encourages providers to offer high-quality products and services at competitive prices to its members.
- Where Medibank recognises a provider, advertises on behalf of a provider, or appears by reference or logo or otherwise in an advertisement of any provider, to the fullest extent allowed by the law, such advertising or reference 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 product and/or service of the provider. Accordingly, to the fullest extent allowed by law, Medibank neither takes nor assumes any responsibility for the product and/or service provided.
- Members should make and rely on their own enquiries and seek any assurance or warranties directly from the provider of the service or product.

### Note

Policies of insurance issued under, or on the terms of, any products described in this publication are referable to the Medibank Private Limited (ABN 47 080 890 259) health benefits fund.

# Glossary

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## Accident

An unforeseen event occurring by chance and caused by an external force or object, resulting in involuntary injury to the body which requires immediate treatment, but does not include unforeseen conditions brought on by medical causes.

## Ambulance services

Ambulance services are included under all covers described in this brochure. Unless you're already covered (e.g. under a state scheme), we'll cover the cost of eligible ambulance services if you need immediate professional attention and your medical condition is such that you couldn't be transported any other way. See page 23 for more details.

## Benefit

This is an amount of money we pay for an approved health-related expense you've incurred. It can be paid to you or on your behalf.

## Calendar year

A 12 month period commencing 1 January and ending 31 December.

## Condition

A condition means any actual or perceived state of health for which treatment is sought. It includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.

## Cosmetic surgery

A service that is not clinically necessary that can't be billed to Medicare. Under all Medibank covers, no benefits are payable towards procedures or hospital costs associated with cosmetic surgery or procedures not recognised by Medicare.

## Dependent child

This is a child of the contributor or their partner who is:

- under the age of 21 and not married or living in a de facto relationship
- aged 21–24, not married or living in a de facto relationship and studying full-time in a course approved by Medibank.

## Doctor

A registered medical practitioner including a specialist, surgeon or anaesthetist.

## Endodontic services

Treatment to save an infected or damaged tooth. It involves removing the nerve and, where possible, restoring the structure of the tooth. A common example of an endodontic treatment is a root canal.

## Excess

An amount you pay towards your hospital treatment. It only applies to some hospital covers or the hospital component of a cover. No excess applies to children on your membership on any of our hospital covers.

## Excluded services

This is a service for which no benefits are payable.

## External prostheses

These are manufactured items designed to replace external parts of the body such as an arm or leg.

## Federal Government's Prostheses Schedule

This is a list issued by the Federal Government which sets out the benefits payable to members of health funds with hospital cover for surgically implanted prostheses and other items.

## Fund rules

These are the rules of your Medibank membership including rules for the payment of benefits. Some of the more important Fund rules are summarised in the Membership guide and Cover summary that is sent to all new members. You can view the Fund rules online at [medibank.com.au](http://medibank.com.au) or at any of our Medibank stores. All members are subject to the Fund rules as varied from time to time.

## General dental

This is routine dental work and includes things such as check-ups, x-rays, scale and cleans, fillings and extractions. It doesn't include more complicated treatments or procedures such as orthodontic work, gum disease, root canal treatment, crowns or bridges.

## Health screening services

These are Medibank approved health screening services for the detection of an illness or condition and performed by a Medicare registered provider, and where no Medicare benefit is paid for that service. Services may include bowel cancer screening, retinal scans, bone density tests & MRIs.

## Health subscriptions

Medibank approved membership or subscription fees for specified health bodies and associations. These may include Australian Crohns and Colitis Association, Arthritis associations, Brainlink, Coeliac Society, Diabetes Australia and Registered Ostomy Association.

## Heart-related services

Includes open heart and bypass surgery and invasive cardiac investigations and procedures such as angiograms, angioplasties and stent insertions.

## Home nursing

This is nursing care at home provided by a registered nursing agency. It does not include nursing care provided in a hospital or nursing home.

## Hospital charges

These are amounts charged by a hospital for things like accommodation and nursing care, theatre fees and surgically implanted prostheses. It does not include charges for extras services, such as physiotherapy, or fees charged by your hospital doctor.

## Included services

We pay benefits towards these services.

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### **Laser eye surgery**

The correction of vision where the procedure is performed by a registered ophthalmologist in the doctor's surgery and where no Medicare benefit is payable.

### **Lifetime Health Cover (LHC)**

This is a Federal Government initiative where a loading can be applied to your premium if you take out hospital cover later in life. It's aimed at encouraging people to take out hospital cover early in life and maintain it.

### **Limits**

Benefits are subject to annual and maximum benefit limits. An annual limit is the maximum amount we'll pay for items or services in a calendar year. The benefit we pay for a particular item or service may be less than your annual limit and less than your provider's charge which means you may have out-of-pocket expenses to pay. Benefits will be subject to the maximum price a Members' Choice provider is permitted to charge or the maximum benefit payable set by Medibank at a Non Members' Choice provider.

Other restrictions may apply to the number of services you can claim in a particular period. Call us on 131 680 for more information.

### **Major dental**

Non-routine dental work and includes things like dentures, crowns, bridges, and treatment for gum disease and root canals. It does not include orthodontic treatment.

### **Major eye surgery**

This includes cornea and sclera transplants and cataract surgery.

### **Medical costs**

These are costs you incur in an overnight or day-hospital facility for things such as doctors' fees, blood tests, scans and x-rays.

### **Medicare Benefits Schedule (MBS)**

This schedule lists all the services for which Medicare pays benefits and the rules that apply to the payment of those benefits. Each service has a fee that's been set by the Federal Government for the purpose of calculating the Medicare benefit payable for that service (called the MBS fee).

### **Non Members' Choice hospital**

A public or private hospital that is not part of Medibank Members' Choice hospital network.

### **Obstetrics-related services**

This includes all treatment specified in the Medicare Benefits Schedule (MBS) as 'obstetrics' including antenatal and post-natal care and the management of labour and delivery.

### **Orthodontic treatment**

This involves the use of corrective appliances, such as braces and plates, to bring the teeth and jaws into proper alignment.

### **Pharmaceutical Benefits Scheme (PBS)**

A Federal Government scheme which allows for many pharmaceuticals to be supplied to Australian residents at reduced or no cost.

### **Plastic and reconstructive surgery**

Plastic surgery is a medical speciality concerned with the evaluation and treatment of any physical deformity that can be corrected by surgery, whether acquired or congenital. Reconstructive plastic surgery is usually performed to improve function, but it may be done to approximate a normal appearance.

Examples of plastic and reconstructive surgery are skin grafts after burns treatment, reconstruction after cancer surgery, surgeries on congenital abnormalities such as nasal deformities causing breathing problems, some surgeries that require repair of facial bone fractures and breaks and other plastic surgery services for which there is a Medicare benefit payable.

### **Prescription pharmaceuticals (non-PBS)**

These are prescription-only items not covered by the Pharmaceutical Benefits Scheme. We'll pay benefits up to a set amount for each prescription item after a set charge has been deducted. The set charge is equivalent to the current PBS patient contribution. It's important to note that we don't pay benefits for oral contraceptives or for pharmaceutical prescriptions prescribed for cosmetic purposes.

### **Provider**

A provider is any health or medical professional who provides you with a service and may include your doctor, dentist, anaesthetist or acupuncturist. It also includes people or organisations who provide you with health items or aids – things like hearing aids, mouthguards or nebulisers.

### **Recognised provider**

This is a provider approved by Medibank for the purpose of paying benefits. To check if a provider is recognised, please call us on **131 680**.

### **Restricted services**

These are services that you receive lower benefits for when compared to included services in a private hospital. You're likely to have significant out-of-pocket expenses if you receive these services in a private hospital.

### **Same day admission**

This is when you are admitted to a hospital or day hospital facility and discharged on the same day where the stay does not extend beyond midnight.

### **Surgically implanted prosthesis**

An approved manufactured item or piece of equipment that is surgically implanted or applied, generally during a hospital surgical procedure to replace or assist a body part or function. Examples include pacemakers, defibrillators, cardiac stents and joint replacements.

### **Teeth whitening**

This is bleaching of the teeth performed by a registered dental practitioner.

call **1800 RIO RIO (1800 746 746)**  
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If you anticipate treatment for which you are expecting a benefit from Medibank, please contact us before commencing treatment to confirm that the benefit you expect will be paid.

In order to provide you with a range of health insurance and health related services, Medibank Private and its related companies may share your personal (including sensitive) information. Our Privacy Policy sets out how your personal (including sensitive) information is handled. You can view a copy of our Fund rules and Privacy Policy at any Medibank store, or online at [medibank.com.au](http://medibank.com.au)

The hospital covers described in this brochure are generally not suitable for visitors from overseas, including visitors from countries with which the Australian Government has Reciprocal Health Care Arrangements. Please refer to our brochures for international students and visitors, for health cover that may be more appropriate.

Medibank Private Limited ABN 47 080 890 259.

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