## **BUDGET VISITORS COVER**

# HOSPITAL ONLY BENEFITS COVERED UNDER YOUR BUDGET VISITORS POLICY<sup>^</sup>

In the event you or any dependants covered under the policy require any medical treatment during the period of cover, we will pay benefits for the following:

\*You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.

#### 'Total annual benefit limit

The following annual per person limit applies to all benefits under your policy.

#### Service

## In-patient medical services

Admitted medical services provided in hospital.

Public hospital – admitted patient treatment including:

- overnight and day only hospital accommodation (including theatre, intensive care, labour wards, ward drugs);
- emergency department treatment that leads to an admission;
  and
- post-operative services that are a continuation of care associated with an early discharge from hospital.

Includes PBS listed drugs (including discharge medications) that form part of the episode of hospital care.

Private hospital/registered day hospital facility.

Surgically implanted prostheses and other items included on the Federal Government's prostheses list.

#### Ambulance services

When medically necessary for admission to hospital or for emergency treatment or for inter-hospital transfer for clinical reasons.

## Medical repatriation benefit

Cover for you or your dependants' repatriation to your home country as a result of a life-altering illness or injury, or in the unfortunate event of death, the repatriation of your or your dependants' mortal remains.

# Limit

\$1.000.000

## Benefit per service\*

100% of the MBS fee.

The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare.

For admission-related PBS listed drugs, the benefit is equal to the Australian Government's PBS list price less the current PBS patient co-payment.

100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation.

Refer to "Private admission" on page 22.

100% of the minimum benefit as listed on the Federal Government's prostheses list.

100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.

100% of the costs authorised by us up to a maximum amount of \$5,000 per policy.