

BUDGET VISITORS COVER

HOSPITAL ONLY BENEFITS COVERED UNDER YOUR BUDGET VISITORS POLICY[^]

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:

^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: <ul style="list-style-type: none"> - 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.

+Subject to excess.

*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.

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.