

MID WORKING COVER

MEDICAL AND HOSPITAL BENEFITS COVERED UNDER YOUR MID WORKING POLICY

In the event of medical treatment being required by you or any dependants covered under your policy 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.

Service
Out-patient medical services
Medical services provided by a doctor.
All other medical services such as pathology and radiology (including specialists).
In-patient medical services
Admitted medical services provided in hospital.
Public hospital –
<ul style="list-style-type: none"> - Admitted patient treatment including: <ul style="list-style-type: none"> - overnight and day only hospital accommodation (including theatre, intensive care, labour wards, ward drugs); and - post-operative services that are a continuation of care associated with an early discharge from hospital. - Emergency department treatment; - PBS listed drugs (including discharge medications) that form part of the episode of hospital care.
Private hospital/registered day hospital facility.

Benefit per service*
100% of the MBS fee.
85% of the MBS fee.
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 38.

MID WORKING COVER (CONTINUED)

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*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.

Service	Benefit per service*
Prescription Medicines	
For medicines prescribed by your doctor or other medical practitioner and dispensed by a registered pharmacist.	Prescription medicines benefit for expenses exceeding the equivalent of the current PBS patient co-payment for general beneficiaries up to a: <ul style="list-style-type: none">- maximum benefit of \$50 per prescribed item- maximum amount per calendar year for Single cover of \$300- maximum amount per calendar year for Dual family and Multi family cover of \$600 For Dual family and Multi family cover, each individual member of a family has a limit equivalent to a person with Single cover as long as the family maximum benefit has not been reached. Limits do not apply to admission-related PBS listed drugs.
Surgically implanted prostheses	
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.	100% of the minimum benefit as listed 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.	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
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.	100% of the costs authorised by us up to a maximum amount of \$20,000 per policy.

MID WORKING COVER (CONTINUED)

EXTRAS PROVIDED UNDER YOUR MID WORKING POLICY

Services	
Benefit	Services
Dental	General Dental - Preventative, X-rays, Basic Restorations, Basic Surgery & Extractions
	Major Dental - Periodontics, Endodontics, Crowns & Bridges, Implants & Dentures
	Orthodontics
Optical	Glasses Contact Lenses
	Laser Eye Surgery
	Physiotherapy Occupational Therapy Orthoptics (eye therapy)
Physiotherapy	Exercise Physiology Hydrotherapy
	Chiropractic Osteopathic Services
Complementary Therapies	Acupuncture Natural Therapy Remedial Massage Dietetics Chinese Medicine consultation
Podiatry	Podiatry (Chiropody)
Psychology	Psych/Group Therapy
Speech Therapy	Speech Therapy
Health Management Programs	Preventative Health
Health Aids & Wellness	Equipment (1 every 3 years) Health Services (allergy treatments) Orthotics (1 every 2 years)
Hearing Aids	Hearing & Audiology

Please note:

This is a summary only and does not provide a full list of services covered. It's always best to give us a call before having any treatment to check exactly what you're covered for.

Benefits + Annual Limits	
Benefit	Annual Limit
50%	\$500 Per Person \$1,000 Per Family
X	X
X	X
100%	\$150 Per Person \$300 Per Family
X	X
Initial: \$35	\$300 Per Person \$600 Per Family
Standard: \$25	
50%	
Initial: \$35 Standard: \$25	\$300 Per Person \$600 Per Family
Initial: \$35 Standard: \$25	\$150 Per Person \$300 Per Family
X	X
X	X
X	X
50%	\$100 Per Person \$200 Per Family
X	X
X	X