

STANDARD VISITORS COVER

MEDICAL AND HOSPITAL BENEFITS COVERED UNDER YOUR STANDARD 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:

*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
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.
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 –
- Admitted in-patient treatment including:
- 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.

Limit
\$1,000,000.
Benefit per service*
100% of the costs authorised by us up to a maximum amount of \$5,000 per policy.
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 22.

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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
Prescription Medicines
For medicines prescribed by your doctor or other medical practitioner and dispensed by a registered pharmacist.
Surgically implanted prostheses
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.

Benefit per service*
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.
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.