

## TOP WORKING COVER

### MEDICAL AND HOSPITAL BENEFITS COVERED UNDER YOUR TOP 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:

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

\*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.

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.

## TOP WORKING COVER (CONTINUED)

### MEDICAL AND HOSPITAL BENEFITS COVERED UNDER YOUR TOP 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	Benefit per service*
<b>Prescription Medicines</b>	
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"><li>- maximum benefit of \$50 per prescribed item</li><li>- maximum amount per calendar year for Single cover of \$300</li><li>- maximum amount per calendar year for Dual family and Multi family cover of \$600</li></ul> 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.
<b>Surgically implanted prostheses</b>	
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.
<b>Ambulance services</b>	
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.
<b>Medical repatriation benefit</b>	
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.

## TOP WORKING COVER (CONTINUED)

### EXTRAS PROVIDED UNDER YOUR TOP WORKING POLICY

**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.

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	Physiotherapy Occupational Therapy Orthoptics (eye therapy)
	Exercise Physiology Hydrotherapy
Chiropractic	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

Benefits + Annual Limits	
Benefit	Annual Limit
70%	\$1,000 Per Person \$2,000 Per Family
70%	\$1,000 Per Person \$2,000 Per Family
70%	\$800 Per Person \$2,400 Lifetime Limit
100%	\$250 Per Person \$500 Per Family
70%	\$500 per eye \$2,000 per family
Initial: \$51 Standard: \$41	\$500 Per Person \$1,000 Per Family
70%	
Initial: \$45 Standard: \$35	\$500 Per Person \$1,000 Per Family
Initial: \$45 Standard: \$35	\$350 Per Person \$700 Per Family
Initial: \$45 Standard: \$35	\$400 Per Person \$800 Per Family
Initial: \$90 Standard: \$70	\$400 Per Person \$800 Per Family
70%	\$400 Per Person \$800 Per Family

## TOP WORKING COVER (CONTINUED)

### EXTRAS PROVIDED UNDER YOUR TOP WORKING POLICY

Services	
Benefit	Services
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
70%	\$200 Per Person \$400 Per Family
70%	\$500 Per Person \$1,000 Per Family
70% up to \$150	
70% up to \$150	
70%	\$1,000 every 5 years