

medibank

working visa health insurance



*Working in
Australia*



Australia is an exciting place to work with excellent career opportunities. No wonder they call it the lucky country.

If you're applying for an Australian working visa, you'll need to have adequate arrangements for health insurance to help cover any costs for health care while you're here.

So who can you turn to? Medibank, one of Australia's largest private health funds, has a range of specially designed health cover options that will suit your working circumstances and lifestyle needs.

All Medibank Working Visa Health Insurance covers meet the Australian Government's 457 working visa requirements for health insurance, so you can feel confident and enjoy the experience of your new job.

It's what
I need

Welcome to Medibank Private

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The Working Visa Health Insurance covers outlined in this brochure are only available to people who are in Australia on certain working-type visas approved by Medibank. These covers are designed for international visitors, who are in Australia for business purposes or are sponsored by an employer and who are not eligible for full Medicare entitlements.

The information contained in this brochure is current at the time of issue, 1 January 2011, and supersedes all previously published material. The covers described in this brochure are generally not suitable for Australian residents. Membership of Medibank Private, including entitlement to and payment of benefits, is subject to our Fund Rules and policies. Premium rates, benefits and the Fund Rules and policies are subject to change from time to time.

If you anticipate treatment for which you are expecting a benefit from Medibank, please contact us before commencing treatment to confirm that the benefit you expect will be paid. A summary of the main Fund Rules is in our Membership Guide which is issued to you when you join along with a Cover Summary. A copy of our Fund Rules is available at medibank.com.au or at any of our Medibank stores. Personal information is handled in accordance with our Privacy Policy, which is available at medibank.com.au and our Medibank stores. If you are unsure of any terms or phrases used in this brochure, you can check the Glossary on page 26.

Why choose Medibank?

Over 3 million people trust Medibank for their private health insurance needs.

As a visitor to Australia, here are some great advantages for choosing Medibank:

- choice of specially designed covers to suit different visa types and different needs
- access to a national network of Medibank stores
- extras cover for services such as dental, physiotherapy and optical items
- access to 24 hour emergency advice and assistance
- no hospital excess for children
- manage your membership online
- continuity of cover with Medibank if you become eligible for full Medicare entitlements
- nominate someone to help manage your membership
- our Members' Choice network is one of the largest health provider networks in Australia, covering most private hospitals and the widest range of extras services of any health fund.



Private health insurance in Australia

While having adequate arrangements for private health insurance is a mandatory condition of certain overseas visitor visas, including the 457 working visa, private health insurance also gives you greater control over when and where you can receive hospital and medical treatment while in Australia.

Like most countries in the world, health care costs in Australia can be expensive. Even a few days in hospital for a routine operation can cost thousands of dollars in hospital charges and doctors' fees.

The Australian health care system has two main components.

First, there's Medicare, our national health care system, which provides eligible Australian residents with access to free treatment as public patients in public hospitals and free or subsidised treatment by doctors and other health professionals.

The second is private health insurance which many Australians purchase to help cover the cost of going to a private hospital and receiving other health services usually not covered by Medicare.

Some visitors to Australia have restricted access to Medicare for medically necessary treatment because their country has a reciprocal health care agreement with Australia. Refer to page 18 to see if this applies to you.

However, most visitors and temporary workers have no access to Medicare. That's why as a visitor to Australia, it's worth considering private health insurance so you can keep your health a top priority. Choose Medibank and you'll be with one of Australia's largest private health insurers.



It makes sense



It's easy to join

- Call us on 132 331 or +61 3 8622 5780 (if calling from outside of Australia)
- Visit medibank.com.au/visitors
- Drop into a Medibank store
- Post your application forms

Eligibility for Working Visa Health Insurance covers

Medibank Working Visa Health Insurance covers are only available to people who are in Australia on certain working-type visas approved by Medibank.

This includes the following visa sub classes:

Visa sub class	Visa type
411	Exchange
419	Visiting Academic
420	Entertainment
422	Medical Practitioner
442	Occupational Trainee
456	Business Short Stay
457	Temporary Business Long Stay
470	Professional Development

What if I'm not on a working visa?

We also have covers suitable for international visitors or retirees on extended holidays or overseas students.

You can download our other visitors brochures from:
medibank.com.au/visitors or
medibank.com.au/oshc

The table above does not contain a complete list of visa sub class classifications and visa sub class numbers which are subject to change by the Australian government from time to time. If you are in Australia on a working-type visa but your visa sub class is not mentioned here, you can call us on 132 331 (+61 3 8622 5780 if calling from outside Australia) or visit a Medibank store to find out if you are eligible for a Working Visa Health Insurance cover.

a simple choice



Choosing the right cover is easy

There are three key areas of health cover that visitors should consider when in Australia: hospital, medical and extras.

The options range from basic to comprehensive. Working Visa Hospital Insurance only provides cover for hospital costs and in-hospital doctor's services. While Top 85 Working Visa Health Insurance covers you for hospital costs, doctors' costs in and out of hospital, and a comprehensive list of everyday health care services such as dental and optical items.

		Working Visa Hospital Insurance	Working Visa Hospital and Medical Insurance	Top 85 Working Visa Health Insurance
Hospital	Helps with the cost of being treated in a private hospital or a public hospital as a private patient. It also allows you to choose your own doctor, as well as which hospital you would prefer to attend.	✓	✓	✓
Medical In-Hospital	Helps to cover the cost of doctors' services provided in-hospital.	✓	✓	✓
Medical Out-Of-Hospital	Helps to cover the cost of doctors' services provided out-of-hospital.	✗	✓	✓
Extras	Helps you with the cost of services that are not usually provided by hospitals such as dental, physiotherapy, optical items and more.	✗	✗	✓
For more information:		↓ see page 10	↓ see page 11	↓ see page 12



All Working Visa Health Insurance covers include:

- Ambulance services
- A repatriation benefit
- No excess for children
- Access to 24 hour emergency advice and assistance.

Understanding our covers

Hospital

What benefits are paid?

For the services included under each of our covers, we'll pay benefits (less any applicable excess) towards:

- private hospital accommodation
 - overnight accommodation in a private or shared room
 - same day admissions
 - intensive care
 - theatre fees
- public hospital accommodation as a private patient
 - overnight accommodation in a private or shared room
 - same day admissions (shared room only)
- doctors' fees for in-hospital medical services when you are treated as a private patient
- surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- Pharmaceutical Benefits Scheme (PBS) listed drugs, prescribed according to PBS approved indications, that are administered during and form part of your admitted episode of care (including drugs prescribed upon discharge).

Please note that any charge above your benefit will form part of your out-of-pocket expenses (see page 23 for more information).

What's an excess?

If you have an excess on your cover, you must pay this amount towards the cost of your hospital treatment. An excess applies per person per calendar year and doesn't apply to children on your membership.

Medical

The medical component pays benefits towards medical services that are listed under the Medicare Benefits Schedule (MBS) and provided either in or out of hospital by a doctor (eg. general practitioner or specialist) depending on your level of cover.

The MBS lists a standard fee for most surgical and medical procedures (MBS fee). The amount of benefit you can expect to receive from us is calculated as a percentage of the MBS fee. However, you'll have to pay any additional cost if the doctor charges you more than the benefit we pay you.

With our Working Visa Health Insurance covers you'll generally receive higher medical benefits than the benefits paid to a permanent Australian resident under Medicare.

In-hospital medical

The benefits you receive for medical services provided in-hospital (eg. surgeon's fees, anaesthetist's fees).

Out-of-hospital medical

The benefits you receive for medical services provided out-of-hospital (eg. doctor's visits, pathology).

Prescription only pharmaceuticals – important information

Most international visitors to Australia are not eligible for subsidised pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS). Under our Working Visa Health Insurance covers we'll pay you benefits that are equal to the PBS government subsidy in excess of your patient contribution. If high cost pharmaceuticals are required for your treatment when in hospital, you may incur significant out-of-pocket expenses. For more information on the PBS refer to pages 20 and 27 or visit health.gov.au

Extras

The extras component of Top 85 Working Visa Health Insurance helps cover the cost of what we call everyday health services, such as trips to the dentist, optical items and physiotherapy.

Percentage back at Members' Choice providers

With Top 85 Working Visa Health Insurance cover we give you certainty and choice, so you'll know what you're getting back. You'll get a percentage back of the charge when you visit a Members' Choice extras provider for eligible services (up to applicable limits) and for other providers and some items you'll get a fixed benefit. For more details, see the table on page 13.

Fixed benefit

You'll receive a fixed benefit when you visit a non Members' Choice provider. A fixed benefit is the maximum amount we'll pay for each service or item (up to applicable limits). Usually it will be less than the provider's charge, which means you may have out-of-pocket expenses to pay.

Annual limits

Our Top 85 Working Visa Health Insurance cover has annual limits. This is the maximum amount we'll pay for items or services in a calendar year.

The benefit we pay for a particular item or service may be less than the annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay. See page 23 for more information.

Orthodontic entitlement

You start with an opening balance in the first year and you're topped up with an additional amount each full calendar year of membership up to a maximum lifetime limit for your level of cover. Once you've served your 12 month waiting period, you can claim up to 100% of your balance. See page 21 for more information.

Benefit replacement period

Benefit replacement periods may apply for some services/items. See page 22 for more information.

What else am I covered for?

24 hour emergency advice and assistance

With our Working Visa Health Insurance covers you have access to emergency advice and assistance phone line, 24 hours a day, 7 days a week, provided through International SOS. See page 15 for more information.

Repatriation benefit

If someone on your membership has to be repatriated to your home country due to a substantial life-altering illness or injury, Medibank may arrange and pay the reasonable cost of return travel with the appropriate medical supervision. See page 15 for more information.



Working Visa Hospital Insurance

What's covered?

- Hospital
- In-hospital medical

Hospital

Item/Service	Working Visa Hospital Insurance
Ambulance services (see page 23 for more information)	✓
Knee reconstruction surgery and investigations	✓
Shoulder reconstruction surgery and investigations	✓
Appendicitis treatment	✓
Removal of tonsils and adenoids	✓
Surgical removal of wisdom teeth	✓
Palliative care	✓
Psychiatric treatment	✓
Rehabilitation treatment	✓
Cardio-thoracic procedures	✓
Obstetrics-related services eg. pregnancy	✓
Plastic and reconstructive surgery (excludes cosmetic surgery)	✓
Assisted reproductive services eg. IVF	✓
Major eye surgery – including cataract and lens-related services	✓
Hip and knee joint replacement surgery	✓
Renal dialysis	✓
All other in-hospital services recognised for Medicare benefit purposes	✓
	↓
Your excess	\$300

Key ✓ = services we pay benefits for.
✗ = services we don't pay benefits for.

Waiting periods apply including the general 2 month waiting period, 12 months for pre-existing ailments and for obstetrics-related services. For more information including other benefit assessment information, please refer to **Things worth knowing** on pages 20-22.

Note: no benefits are payable for cosmetic surgery on any of our covers.

Medical

Benefits for in-hospital medical	✓
Benefits for out-of-hospital medical	✗

Working Visa Hospital and Medical Insurance

What's covered?

- Hospital
- In-hospital medical
- Out-of-hospital medical

Hospital

Item/Service	Working Visa Hospital and Medical Insurance
Ambulance services (see page 23 for more information)	✓
Knee reconstruction surgery and investigations	✓
Shoulder reconstruction surgery and investigations	✓
Appendicitis treatment	✓
Removal of tonsils and adenoids	✓
Surgical removal of wisdom teeth	✓
Palliative care	✓
Psychiatric treatment	✓
Rehabilitation treatment	✓
Cardio-thoracic procedures	✓
Obstetrics-related services eg. pregnancy	✓
Plastic and reconstructive surgery (excludes cosmetic surgery)	✓
Assisted reproductive services eg. IVF	✓
Major eye surgery – including cataract and lens-related services	✓
Hip and knee joint replacement surgery	✓
Renal dialysis	✓
All other in-hospital services recognised for Medicare benefit purposes	✓
	↓
Your excess	\$300

Key ✓ = services we pay benefits for.
✗ = services we don't pay benefits for.

Waiting periods apply including the general 2 month waiting period, 12 months for pre-existing ailments and for obstetrics-related services. For more information including other benefit assessment information, please refer to **Things worth knowing** on pages 20-22.

Note: no benefits are payable for cosmetic surgery on any of our covers.

Medical

Benefits for in-hospital medical	✓
Benefits for out-of-hospital medical	✓

Top 85 Working Visa Health Insurance

What's covered?

- Hospital
- In-hospital medical
- Out-of-hospital medical
- Extras

Hospital

Item/Service	Top 85 Working Visa Health Insurance
Ambulance services (see page 23 for more information)	✓
Knee reconstruction surgery and investigations	✓
Shoulder reconstruction surgery and investigations	✓
Appendicitis treatment	✓
Removal of tonsils and adenoids	✓
Surgical removal of wisdom teeth	✓
Palliative care	✓
Psychiatric treatment	✓
Rehabilitation treatment	✓
Cardio-thoracic procedures	✓
Obstetrics-related services eg. pregnancy	✓
Plastic and reconstructive surgery (excludes cosmetic surgery)	✓
Assisted reproductive services eg. IVF	✓
Major eye surgery – including cataract and lens-related services	✓
Hip and knee joint replacement surgery	✓
Renal dialysis	✓
All other in-hospital services recognised for Medicare benefit purposes	✓

↓

Your excess options	No excess	\$300
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Key ✓ = services we pay benefits for.

Waiting periods apply including the general 2 month waiting period, 12 months for pre-existing ailments and for obstetrics-related services. For more information including other benefit assessment information, please refer to **Things worth knowing** on pages 20-22.

Note: no benefits are payable for cosmetic surgery on any of our covers.

Medical

Benefits for in-hospital medical	✓
Benefits for out-of-hospital medical	✓

Top 85 Working Visa Health Insurance

Extras

With Top 85 Working Visa Health Insurance, we'll pay benefits towards the items and services listed in this table. It shows the annual limits that apply per person per calendar year. The benefit we pay for a particular item or service may be less than the annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay.

Members' Choice extras providers

We've negotiated capped charges or discounts with the following healthcare professionals so you can claim a percentage back* of 85%:

- ✓ Dental
- ✓ Acupuncture
- ✓ Physio
- ✓ Remedial Massage
- ✓ Chiro
- ✓ Podiatry
- ✓ Naturopathy

✓ Optical








Plus at all optical retailers, you can claim 100%* back on a range of glasses or contact lenses.

See page 16 for more information about Members' Choice.

*Where eligible and subject to your annual limits and waiting periods.

I get a free dental check-up

With Top 85 Working Visa Health Insurance you get one free dental check-up, scale and clean (excludes x-rays) per person per calendar year at a Members' Choice dentist.

Item/Service		Waiting Period#	Top 85 Working Visa Health Insurance
Ambulance services	100% cover (see page 24 for more information)	2 months	No annual limit
General dental 	Includes preventative treatment, dental examinations, scale & clean	2 months	No annual limit
	Surgical dental procedures & extractions	12 months	
Optical items 	100% back includes frames, prescription lenses & contact lenses	6 months	\$250
Physiotherapy 	Includes consultations, group pilates & hydrotherapy sessions	2 months	\$700
Chiropractic 		2 months	\$500
Osteopathy		2 months	
Natural therapies	 Consultations for naturopathy, acupuncture & remedial massage	2 months	\$400
	Consultations for myotherapy, reflexology, kinesiology, Chinese & Western herbalism, exercise physiology, shiatsu, aromatherapy, homeopathy, Bowen therapy & Alexander technique		
Major dental 	<ul style="list-style-type: none"> • Endodontic services (eg. root canal) • Periodontics (i.e. treatment of gum disease) • Crowns, dentures & bridges • Major restorative fillings (eg. veneers) 	12 months	\$1,200
Orthodontics	eg. braces (see page 21 for more information)	12 months	\$1,000 opening balance top up of \$500 per year up to \$3,000 lifetime limit
Prescription Pharmaceuticals (non-PBS)	For prescriptions only. Benefits will be paid after a set charge has been deducted	2 months	\$600
Dietetics		2 months	\$500
Podiatry 	Includes specified orthotics	2 months	\$500
Clinical psychology	Consultations only	2 months	\$500
Occupational therapy		2 months	\$500
Speech therapy		2 months	\$500
Eye therapy		2 months	\$500
Breathing appliances	Peak flow meters, nebulisers & spacing devices	12 months	\$250
Blood glucose monitors		24 months	
Hearing aids		36 months	\$1,200
Health appliances & external prostheses	eg. insulin delivery pens	2 months	\$500

#The 2 month waiting period is waived when services arises from an accident.

Note: benefit replacement periods may apply for some items. See page 22 for more information.



all the
Support
I need

It's easy to join

- Call us on 132 331 or +61 3 8622 5780 (if calling from outside of Australia)
- Visit medibank.com.au/visitors
- Drop into a Medibank store
- Post your application forms



With Medibank Working Visa Health Insurance covers you can receive many additional benefits and services.

24 hour emergency advice and assistance

When you take out any of our Working Visa Health Insurance covers you have access to our emergency advice and assistance phone line 24 hours a day, 7 days a week, provided through International SOS.

This includes:

- emergency medical advice and assistance
- referrals to doctors or medical centres for medical treatments and assistance with making appointments
- access to a solicitor for general legal advice and referrals
- phone assistance to replace travel documents or passports
- interpreters available for Japanese, Mandarin, Indonesian, Malay, Cantonese, Thai, Korean and Portuguese speakers (other languages are available on request).

Repatriation benefit

If you or any other member included on your membership has to be repatriated to your home country due to a substantial life-altering illness or injury, Medibank may arrange and pay the reasonable cost of return travel with the appropriate medical supervision. In the unfortunate event of death, your mortal remains or those of any other member on your membership may be repatriated to your home country if legally permissible. The provision of any repatriation benefit is at the discretion of Medibank. Conditions apply, for further information call 132 331.

Online health information

To make it easier for you to manage your health, you can access *betterhealth* online. This online program provides you with access to a great range of resources and it's all part of your Medibank membership.

betterhealth online includes:

- a personalised and confidential Wellness Record
- active Health, Active Care and Active Sport Programs for weight loss, improved fitness, and a healthier diet
- tips, guidance and weekly themes to help you achieve your health and wellbeing goals
- regular email support to keep you motivated
- an online information and resource library consisting of regularly updated health-related articles, recipes, diet and exercise tips.

Once you are a Medibank member, it's easy to register, just go online to medibank.fitness2live.com.au

Our *betterhealth* programs are provided by Medibank and related companies trading as 'Medibank Health Solutions'.

More than just health insurance

Medibank can arrange travel and pet insurance. Plus as a Medibank health insurance member you'll receive a 10% discount on each of these products.

feelbetter rewards

At Medibank, we'll take care of you even when you're in perfect health. With our feelbetter rewards program you have access to a variety of offers which have been tailored towards health and wellbeing, leisure and lifestyle, entertainment and everyday living.

Special offers include discounts on:

- movie tickets
- magazine subscriptions
- hotel accommodation and car hire.

Am I covered for ambulance?

Ambulance services are included under all of our Working Visa Health Insurance covers. If your medical condition means you need immediate professional attention and/or you can't be transported to a hospital in any other way, we'll cover the cost of your ambulance services (unless you're already covered eg. under a state scheme).

Members' Choice

It's pretty simple: visit a Members' Choice extras provider or hospital and you can save money.

Our Members' Choice network is one of the largest health provider networks in Australia, covering most private hospitals and the widest range of extras services of any health fund.

We've negotiated with many healthcare professionals so you won't be charged more than the agreed price. We've also negotiated discounts off normal prices at optical retailers and for orthotics.

A Members' Choice extras provider must agree to and meet Medibank's customer service standards in addition to meeting any registration standards for practising that profession.

Hospitals

Visit a Members' Choice hospital and you'll get better value for money compared to a non Members' Choice private hospital as long as the service you receive is covered by our agreement with the hospital and is included under your cover.

What about your out-of-pocket expenses?

Even if you go to a Members' Choice hospital, you're still likely to have out-of-pocket expenses. The hospital and doctors treating you should tell you about their costs before you go to hospital – so it's important to ask.

Give us a call before you go to hospital so we can help you ask the right sort of questions. See page 23 for more information.



Lots to
Smile
about

Find a Members' Choice provider



- Visit [medibank.com.au](https://www.medibank.com.au)
- Call us on 132 331
- Drop into a Medibank store

Members' Choice

Extras providers

Applicable for Top 85 Working Visa Health Insurance cover.

Benefits of Members' Choice extras providers

- ✓ Capped charges*
- ✓ Discounts at optical retailers and for orthotics
- ✓ % back of the charge. This means 85% on Top 85 Working Visa Health Insurance cover#
- ✓ Wider range of extras services than other insurers
- ✓ Generally lower out-of-pockets than non Members' Choice providers

*excludes optical retailers

How does it work?

Here's an example of how you can get the most out of Members' Choice:

Marc has Top 85 Working Visa Health Insurance and lives in NSW. The table below shows typically how much he can save when he visits a Members' Choice physiotherapist for a subsequent consultation.

	Members' Choice provider	Non Members' Choice provider
Charge	\$55.00 (Capped charge)	\$60.00 [^]
Benefit payable [#] (% back or fixed benefit)	85% of charge back (\$46.75)	\$41.70 ⁺
Out-of-pocket cost	\$8.25	\$18.30

[#] subject to annual limits and waiting periods

[^] most common charge in NSW for a subsequent physio consultation for non Members' Choice providers for claims during July, August and September 2010 (processed on or before 6 October 2010)

⁺ fixed benefit that can be claimed

Enjoy greater value from our Members' Choice network

We've also got some great deals available. With our Top 85 Working Visa Health Insurance, you'll get one free dental check-up, scale and clean (excludes x-rays) per person per calendar year – valued at over \$130 – when you visit a Members' Choice dentist.

To find out more call us on 132 331.

What types of providers are included in Members' Choice?

Our Members' Choice network covers more types of extras services than any other private health insurer and includes the following:

- Dentists
- Dental prosthetists
- Optical retail outlets
- Chiropractors
- Physiotherapists
- Podiatrists
- Acupuncturists
- Naturopaths
- Remedial massage therapists

Go to medibank.com.au or call us on 132 331 to find your nearest Members' Choice provider. Please note, Members' Choice extras providers may not be available in some areas.

Things worth knowing

Understanding private health insurance can be complicated. This section is designed to help make things a little easier for you.

It contains some important information about our covers along with explanations of commonly used terms you may not be familiar with. It also gives you an overview of some of our key rules.

It's also important you have a good look through the Working Visa Health Insurance Membership Guide which is available at medibank.com.au. You'll also receive a copy of this once you join. This contains a summary of the rules of your membership (known as our Fund Rules) – things like your responsibilities as a member. It's also important to read the Cover Summary you'll receive for further details about your cover and entitlements.

Helping you choose the right cover

Am I eligible for Working Visa Health Insurance?

Medibank Working Visa Health Insurance covers are only available to people who are in Australia on certain working-type visas approved by Medibank. See page 6 for more information. We may require proof of eligibility such as a copy of your visa.

Medibank can transfer anyone who is not eligible for our Working Visa Health Insurance covers to an alternative cover. We can backdate this change and require you to pay any additional premiums and/or repay any higher benefits you received on your Working Visa Health Insurance cover. So it's important that you let us know if your visa status changes.

Reciprocal Health Care Agreements

Australia has Reciprocal Health Care Agreements with the United Kingdom, New Zealand, Italy, Belgium, Malta, the Netherlands, Sweden, Finland, Norway and the Republic of Ireland. If you're a resident of a country which has a Reciprocal Health Care Agreement with Australia, you may be entitled to restricted access to Medicare, but only for medically necessary treatment. Post-arrival time limits and other restrictions may apply. So be sure to check what you're covered for before relying on a Reciprocal Health Care Agreement. For further information, please contact Medicare on 132 011.

What if I'm an international student?

If you're an international student with a valid student visa, our Working Visa Health Insurance covers will not meet your student visa requirements. We recommend you purchase Medibank Overseas Student Health Cover (OSHC) which is specifically designed with the needs and budgets of students in mind. You can purchase your OSHC online at medibank.com.au/oshc or visit a Medibank store.

What happens if I become a permanent resident?

If you are granted permanent residency our Working Visa Health Insurance covers may not be the most suitable cover for your needs. When your residency status changes remember to call us on 132 331 to discuss your options.

About your membership with us

Do you have a 'cooling-off' period?

If you join but then decide you'd like to either cancel your membership or move to another cover, we have what is known as a 'cooling-off' period. This also applies if you're already a member and have recently changed your cover.

As long as you tell us within 30 days of your cover commencing, and no claims have been made against your cover there's no problem. We can either transfer you to a more suitable cover or refund your premium in full.

If you close your membership after the 'cooling-off' period we will refund any unused premiums less an administration fee.

How often should I review my cover?

You may have different health needs at different stages of your life, so it makes sense to review your health cover regularly. This is especially important if your situation changes. For example, if you are granted permanent residency, if you're planning to start a family, the kids have grown up or either you or someone in your family has developed a health issue. Whatever your situation, it's a good idea to call us to discuss your options on 132 331 or drop into one of our stores.

What is the difference between a member, a membership and a contributor?

There are three terms we use when we're talking about membership: member, membership and contributor. As a starting point, it's good to be clear on all three. A member is simply any person covered under a Medibank Private membership.

A membership is made up of one or more members and can consist of:

- just one person (single membership)
- a couple membership which covers you (the contributor) and your spouse/partner
- family membership, which covers you and your spouse/partner and
 - any of your child dependants and/or
 - any of your student dependants

The term contributor refers to the person who 'owns' the membership. This is the person we contact when we need to communicate important information.

Can my partner manage my membership too?

Although you as the contributor 'own' the membership, your partner (if he or she is also covered by the same membership) can automatically manage most aspects of the membership too, including: making claims, adding or removing dependants, changing cover, suspending the membership and changing contact and bank account details.

However, as the contributor you're the only one who can remove yourself from the membership or cancel the membership. It's important to be aware that this means we may disclose registered membership details to both of you. If at any time you want to be the only person who can manage the membership or you require further information about the handling of personal information, please call us on 132 331.

If I transfer to Medibank from another Australian private health insurer, am I covered immediately?

In some cases yes, in other cases no. You'll be covered for services on your new cover from the date you join if: (i) those services were also included on your cover with your former health insurer (ii) you join us within two months of leaving your former health insurer and (iii) you've already served the applicable waiting periods. So although we'll recognise any waiting periods you've served with your former fund, if you haven't fully served the applicable waiting periods, you'll need to serve the balance with us before you're eligible for benefits.

Additional waiting periods will also apply if you've switched to a higher level of cover with Medibank or if you wait more than two months after leaving your former fund before you join Medibank. For more information see page 20.

Any loyalty bonus or other similar entitlements built up with your former fund (eg. orthodontic entitlements) will not transfer to Medibank.

If you transfer to Medibank or to another Medibank cover, any benefits that may have been paid under your previous cover may be taken into account in determining the benefits payable under your new cover.

What if I want to add my partner to my single membership?

It's easy to change from a single to a couple membership, but you should be aware that higher premiums apply to a couple membership and additional waiting periods may apply to your partner.

Can I add a dependent child to my membership? If you're on a single or couple membership:

To add a dependent child to your membership you'll need to change from a single or couple to a family membership. If you do this within two months of the date of their birth or inclusion in your family unit (eg. through marriage, adoption or fostering) your child won't have to serve any additional waiting periods. The change will be backdated to the date of birth or inclusion in your family unit. Also, this change of membership means you'll pay higher premiums.

If you're on a family membership:

You can add a dependent child to your membership at any time and they won't need to serve any waiting periods already served on the membership. Your premium doesn't increase if you add a dependent child to your cover.

What if I want more information on adding a dependent child?

Call us on 132 331.

What happens if my newborn baby needs hospital treatment?

When a newborn baby is in hospital with its mother, no accommodation charges apply for the baby unless the baby becomes an admitted patient in their own right. This happens when the baby requires admission to a neo-natal intensive care unit or it is the second or later child of a multiple birth.

If I have children, how long can they be insured on my cover?

As your children grow older they can still be covered at no additional cost on your family membership until they turn 21 or, if they are full-time students, until they turn 25, provided they're not married or in a de facto relationship. This is because we consider them to be your dependent children.

About waiting periods

What is a waiting period?

All health funds have waiting periods. In short, a waiting period is a period of time you need to wait after taking out your cover before you can receive benefits for services or items covered.

You're not able to receive benefits for any items or services you might have obtained while you're serving a waiting period or before you joined Medibank.

How do I know if a waiting period applies to me?

Waiting periods will apply if you're a new member, you're rejoining Medibank after not having health cover for some time or you're changing to a higher level of cover (either within Medibank or transferring from another fund).

If you're changing to a higher level of cover, you'll still be entitled to benefits at the level of your former cover while you're serving any waiting periods on your new cover if:

- those services were included under your old cover; and
- you've already served the waiting periods that applied under your old cover.

How long is the waiting period?

That depends on the types of services or items included on your cover. Have a look at the following table for a guide.

2 months*	In-hospital psychiatric treatment, rehabilitation treatment and palliative care regardless of whether the condition is pre-existing
	All services (including ambulance services) - except those set out below
6 months	Optical items
12 months	Pre-existing ailments
	Obstetrics-related services
	Major dental services
	Orthodontic treatment
	Dental surgical procedures and surgical extractions (eg. wisdom teeth)
	Nebulisers
	Peak flow meters
	Spacing devices
24 months	Blood glucose monitors
36 months	Hearing aids

*If you have an accident after joining us or changing cover and require treatment, we'll waive the 2 month waiting period.

About pre-existing ailments

It's standard practice in the private health insurance industry to apply a waiting period of 12 months before benefits are payable for a pre-existing ailment.

What's a pre-existing ailment?

By pre-existing ailment, we mean an ailment, illness or condition where signs or symptoms existed at any time during the 6 months before you either took out your new cover, or transferred to a higher level of cover. We'll appoint a medical or health practitioner to determine whether you have a pre-existing ailment, based on information provided by the practitioner(s) treating you.

What if I have a pre-existing ailment?

If you're a new member, you'll have to wait 12 months before you can receive benefits for items or services related to a pre-existing ailment.

If you're changing to a higher level of cover (either within Medibank or from another fund), you may have to wait 12 months to receive the higher benefits, including benefits for services not previously covered.

About benefits for pharmaceuticals

Do I receive benefits for pharmaceuticals?

International visitors to Australia are generally not eligible for subsidised pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS).

With our Working Visitors Covers, Medibank will pay some benefits towards PBS listed drugs, prescribed according to PBS approved indications, that are administered during and form part of your admitted episode of care (including drugs prescribed upon discharge). Your benefit is equal to the PBS government subsidy in excess of your patient contribution.

Pharmaceuticals used in oncology (cancer) and other treatments can be very expensive for people who do not have access to subsidised pharmaceuticals under the PBS. If high cost pharmaceuticals are required for your treatment when in hospital, you may incur significant out-of-pocket expenses.

No benefits are payable for oral contraceptives, or for pharmaceuticals prescribed for cosmetic purposes. For more information on the PBS, visit health.gov.au

How do orthodontic benefits work?

Your orthodontic entitlement starts with an opening balance, which you can access once your 12 month waiting period is served. The balance is then topped up with an additional amount each 1 January following the completion of your waiting period up to a maximum lifetime limit.



Orthodontic entitlements:

Cover	Opening balance	Additional annual top ups	Lifetime limit
Top 85 Working Visa Health Insurance	\$1,000	\$500	\$3,000

Example of orthodontic entitlements on Top 85 Working Visa Health Insurance:

Dates	What you get towards orthodontics each year	Your available balance if no claim has been made
Date joined – 30 Jun 2011	\$1,000 (opening balance)	x
Waiting period ends – 30 Jun 2012	x	\$1,000
1 Jan 2013	\$500 (top up)	\$1,500
1 Jan 2014	\$500 (top up)	\$2,000
1 Jan 2015	\$500 (top up)	\$2,500
1 Jan 2016	\$500 (top up)	\$3,000 (lifetime limit)

About benefit replacement periods

What's a benefit replacement period?

It's a period of time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. For example, if you received benefits for an insulin delivery pen, purchased on 1 July 2011, you can only receive benefits for another one purchased on or after 1 July 2013.

How long is a benefit replacement period?

This varies from item to item and generally applies per member unless specified in the following table.

12 months	External mammary prostheses
	Repairs of external prostheses and health appliances
2 years	Wigs
	Hip protectors
	Insulin delivery pens
3 years	Blood glucose monitors
	Breathing appliances: - nebulisers - peak flow meters - spacing devices
	Mouthguards (for members up to 18 years of age, benefits may be payable for a replacement mouthguard each calendar year)
	Dentures, crowns and bridges
	Other health appliances and external prostheses
5 years	Hearing aids
	Sleep Apnoea – continuous pressure devices and other similar approved appliances under our hospital cover (excluding Working Visa Hospital Insurance and Working Visa Hospital and Medical Insurance)

Other rules for paying benefits

Are there any other rules I need to know about?

Yes, there are some other important rules for you to be aware of.

- We only pay benefits for items and services delivered by Medibank-recognised providers.
- Restrictions may apply to the number of services you can claim in a particular period.
- Some appliances may need to be ordered by a medical practitioner before benefits are payable eg. nebulisers.
- To claim for a Sleep Apnoea device or similar device approved by Medibank, you'll need Top 85 Working Visa Health Insurance. You'll also need to undergo an overnight investigation for Sleep Apnoea which is listed in the Medicare Benefits Schedule. The device must also be requested by a medical practitioner and purchased or hired within 12 months of undergoing the investigation.
- Limitations apply to some benefits. For example, for an initial consultation for an extras service, we generally pay the higher benefit, (if any) per person, per provider, per calendar year, only once in a course of treatment.
- Limited hospital benefits apply to podiatric surgery (performed by an accredited podiatrist) and dental procedures that are performed in a private non Members' Choice hospital.
- If you no longer need acute care and stay in hospital for more than 35 days, you'll be classified as a nursing home type patient. If this happens, we'll only pay a small portion of the daily hospital charges and you may need to pay the rest of the cost of your care. If you're in a private hospital, these costs may be substantial. Your doctor and hospital will be aware of this rule which applies to all health funds and they can advise you.
- We don't pay benefits for services or treatments where you are, or may be, entitled to compensation and/or damages. For example, State Government workers' compensation schemes, traffic accident schemes or public liability claims.
- We generally don't pay benefits for hospital procedures not recognised for Medicare benefit purposes such as cosmetic surgery. However where eligible, we do pay benefits towards hospital charges for dental surgery or podiatric surgery (performed by an accredited podiatrist).
- Benefits are not payable for treatment not considered medically necessary (eg. health screening services as required for employment or visa renewal purposes).
- Benefits are not payable for treatment arranged prior to arrival in Australia.
- Benefits are not payable for services provided outside Australia.

About out-of-pocket expenses

What's an out-of-pocket expense?

It's any expense for a hospital, medical or extras service or item for which you won't be reimbursed by us.

What out-of-pocket expenses can I expect if I receive an extras service and how can I reduce them?

The out-of-pocket expense will be the difference between the provider's charge and the benefit we pay. To help reduce your out-of-pocket expenses, visit a Members' Choice extras provider where you can access capped charges and/or discounts and generally receive higher benefits than you would with a non Members' Choice provider.

What kind of out-of-pocket expenses can I expect if I go to a private hospital?

Although hospital cover helps reduce the cost of your private hospital visit, you'll still have out-of-pocket expenses for things like your excess and any difference between what the hospital charges and the benefit we pay for the hospital services.

You can also expect to pay the difference between the charge for in-hospital medical services (eg. doctors' services, pathology and radiology) and what you receive from us. To explain it further, the benefits you're entitled to for the medical services you receive while you're in an overnight or day hospital facility are based on the Medicare Benefits Schedule (MBS) fee. The MBS is a list of all the services Medicare pays benefits for and the rules that apply to payment of those benefits.

If you visit a doctor and they charge you more than the MBS fee, you may have out-of-pocket expenses. These can vary and may be significant, especially for doctors' visits when you're in hospital.

How can I reduce my private hospital out-of-pockets?

If possible, go to a Members' Choice hospital where our agreement with the hospital limits what you can be charged. This means your out-of-pockets for hospital charges should be limited to things like:

- any excess you may have with your cover
- any difference between your doctors' charges (including pathology and radiology fees) and the benefits we pay you
- any difference between the amounts you are charged for pharmaceuticals (including drugs issued on discharge from hospital) that are not covered by our agreement with the hospital and the benefits available to you under the extras component of your cover for pharmaceutical prescriptions (if your cover includes extras)
- any gap for surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- costs for services not covered, or not fully covered, by our agreement with the hospital or under your cover
- costs for treatment in an emergency department in a private hospital.

If you go to a non Members' Choice private hospital, you're likely to have significant out-of-pocket expenses.

Going to hospital

Call us first on 132 331 so we can help you understand what's involved and the types of questions you need to ask your doctor or specialist.



It's important you call us on 132 331 for information on recognised providers and the benefits you're entitled to before commencing treatment.

Ambulance services

Benefits are payable in the following circumstances:

- when you need to be transported in an ambulance to a hospital or other approved facility in order to receive immediate professional attention
- when, as an admitted patient, you are transferred to another hospital (excluding transfers between public hospital facilities)
- when an ambulance is called to attend to you, but having received immediate professional attention transport by ambulance is not subsequently required
- air ambulance where pre-approval has been obtained from Medibank.

Benefits for medically necessary ambulance services are included in all covers described in this brochure.

Exceptions could include the following, where you're entitled to benefits from another source, such as ambulance subscription or state ambulance transport schemes. For more information, call us on 132 331.

About my premiums

If I cancel my membership, will I get a refund?

If you need to cancel your membership you may apply to claim a refund of premiums paid in advance and we may apply an administration fee. Please refer to the Working Visa Health Insurance Membership Guide (available at medibank.com.au) for more information.

Are pre-paid premiums protected from rate increases?

Where premiums have been paid in advance of the rate increase, the new rates will apply from your next payment. However, if you change the level of your cover or membership category, the new rates will apply from the date of the change.

About taxation

If you're an Australian resident for taxation purposes you may be required to pay the Medicare Levy and Medicare Levy Surcharge (MLS).

The Medicare Levy is imposed by the Australian Government to fund the Medicare scheme. It is normally calculated at 1.5% of your annual taxable income, but this rate may vary depending on your circumstances.

The MLS is a 1% surcharge imposed on individuals and families whose annual taxable income is over the applicable threshold and who do not have an appropriate level of hospital cover for themselves and all of their dependants.

The 1% surcharge applies proportionately for the period during the financial year when an appropriate level of hospital cover was not held.

None of the Working Visa Health Insurance covers mentioned in this brochure will exempt you from the Medicare Levy Surcharge.

For more information on the Medicare Levy or MLS, please contact the Australian Taxation Office on 132 861, or visit ato.gov.au

About Goods and Services Tax

Our Working Visa Health Insurance covers are subject to a Goods and Services Tax (GST), which is included in the premium you pay. Under Medibank's Fund Rules, if you're on any of our Working Visa Health Insurance covers it is assumed you have no entitlement to claim any part of the GST as an input tax credit. If you're eligible and intend to claim back part or all of the GST, you must notify us in writing.

Other important information

What's the best way for me to give feedback?

If you have any feedback on our products and services, or you'd like further explanation on anything to do with your membership, please contact us:

- call 132 331
- email ask_us@medibank.com.au
- visit any of our Medibank stores
- write to us at Medibank GPO Box 9999 in your capital city.

What if I have a complaint?

We'll try to resolve any complaint you may have the first time you raise it with us. Please contact us with any issues through the contact points listed above. If you believe your complaint has not been satisfactorily dealt with, let us know and we'll escalate your complaint.

You can also write to our Customer Resolutions team at Medibank, GPO Box 9999, Melbourne, VIC 3000.

Free, independent advice is also available from the Private Health Insurance Ombudsman on 1800 640 695.

Disclaimer

- Medibank Private encourages providers to offer high-quality products and services at competitive prices to its members.
- Where Medibank Private recognises a provider, advertises on behalf of a provider, or appears by reference or logo or otherwise in an advertisement of any provider, to the fullest extent allowed by the law, such advertising or reference should not be construed as:
 - an endorsement by Medibank Private;
 - an acknowledgment or representation by Medibank Private as to fitness for purpose; or
 - a recommendation or warranty by Medibank Private,

of, for, or in relation to, the product and/or service of the provider. Accordingly, to the fullest extent allowed by law, Medibank Private neither takes nor assumes any responsibility for the product and/or service provided.

- Members should make and rely on their own enquiries and seek any assurance or warranties directly from the provider of the service or product.

Glossary

Accident

An unforeseen event occurring by chance and caused by an external force or object, resulting in involuntary injury to the body which requires immediate treatment, but does not include unforeseen conditions brought on by medical causes.

Ambulance services

Cover for transportation by ambulance which is necessary because, due to your medical condition, you can't be transported any other way. It includes the following circumstances:

- when you need to be transported in an ambulance to a hospital or other approved facility in order to receive immediate professional attention
- when, as an admitted patient, you are transferred to another hospital (excluding transfers between public hospital facilities)
- when an ambulance is called to attend to you, and you require immediate professional attention and transport by ambulance is not subsequently required
- air ambulance where pre-approval has been obtained from Medibank.

Benefits for this are included in all covers described in this brochure except where you're entitled to benefits from another source, such as ambulance subscription or a state ambulance transport scheme.

Annual limit

An annual limit is the maximum amount of benefits payable for particular extras services or items within a calendar year. Other restrictions may apply to the number of services you can claim in a particular period. Call us on 132 331 for more information.

Australian Government's 457 Working Visa

This is also known as the Australian Government's Temporary Business (Long Stay) Subclass 457 visa.

Benefit

This is an amount of money we pay for an approved health-related expense you've incurred. It can be paid to you or on your behalf.

Calendar year

A 12 month period commencing 1 January and ending 31 December.

Cardio-thoracic procedures

Includes open heart and bypass surgery and invasive cardiac investigations and procedures such as angiograms, angioplasties and stent insertions.

Condition

A condition means any actual or perceived state of health for which treatment is sought. It includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem,

illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.

Cosmetic surgery

A service that is not clinically necessary that can't be billed to Medicare.

Dependent child

This is a child of the contributor or their partner who is:

- under the age of 21 and not married or living in a de facto relationship
- aged 21–24, not married or living in a de facto relationship and studying full-time in a course approved by Medibank.

Doctor

A registered medical practitioner including a general practitioner or specialist, surgeon or anaesthetist.

Endodontic services

Treatment to save an infected or damaged tooth. It involves removing the nerve and, where possible, restoring the structure of the tooth. A common example of an endodontic treatment is a root canal.

Excess

An amount you pay towards your hospital treatment. It only applies to the hospital component of our Working Visa Health Insurance covers. No excess applies to children on any of our Working Visa Health Insurance covers.

Excluded services

This is a service for which no benefits are payable.

External prostheses

These are manufactured items designed to replace external parts of the body such as an arm or leg. Benefits for these are only paid under Top 85 Working Visa Health Insurance.

Federal Government's Prosthesis Schedule

This is a list published by the Federal Government which sets out the benefits for surgically implanted prostheses and other items.

Fixed benefit

You'll receive a fixed benefit when you visit a non Members' Choice provider. A fixed benefit is the maximum amount we'll pay for each service or item (up to applicable limits). Usually it will be less than the provider's charge, which means you may have out-of-pocket expenses to pay.

Fund Rules

These are the rules of your Medibank membership. Some of the more important Fund Rules are summarised in your Membership Guide and Cover Summary that is sent to all new members. You can view the Fund Rules at medibank.com.au or at any of our Medibank stores. All members are subject to the Fund Rules as varied from time to time.

General dental

This is routine dental work and includes things such as check-ups, x-rays, scale and cleans, fillings and extractions. It doesn't include more complicated treatments or procedures such as orthodontic work, gum disease, root canal treatment, crowns or bridges.

Hospital charges

These are amounts charged by a hospital for things like accommodation and nursing care, theatre fees and surgically implanted prostheses. It may not include charges for extras services, such as physiotherapy, or fees charged by your hospital doctor.

Included services

We pay benefits towards these services.

Major dental

This is the more serious dental work including things like restorative fillings, dentures, crowns, bridges, and treatment for gum disease and root canals. It does not include orthodontic treatment.

Major eye surgery

This includes cornea and sclera transplants and cataract surgery.

Medical services, in-hospital

Treatment from medical practitioners, provided in-hospital such as surgeon's fees and anaesthetist's fees. Where a benefit is payable, cover is provided for all medical services listed in the Medicare Benefits Schedule (MBS).

Medical services, out-of-hospital

Treatment from medical practitioners, provided out-of-hospital such as doctor's visits and pathology. Where a benefit is payable, cover is provided for all medical services listed in the Medicare Benefits Schedule (MBS).

Medicare

Australia's national health care system which provides permanent Australian residents with access to free treatment in public hospitals and free or subsidised treatment by doctors.

Medicare Benefits Schedule (MBS)

This schedule lists all the services for which Medicare pays benefits and the rules that apply to the payment of those benefits. Each service has a fee that has been set by the Federal Government for the purpose of calculating the Medicare benefit payable for that service (called the MBS fee).

Obstetrics-related services

This includes all treatment specified in the Medicare Benefits Schedule (MBS) as 'obstetrics' including antenatal and post-natal care and the management of labour and delivery.

Orthodontic treatment

This involves the use of corrective appliances, such as braces and plates, to bring the teeth and jaws into proper alignment.

Pharmaceutical Benefits Scheme (PBS)

A Federal Government scheme which allows for many pharmaceuticals to be supplied to Australian residents at reduced or no cost.

The PBS is generally not available to visitors, temporary residents or people not entitled to benefits under Medicare. As a result, you can incur significant out-of-pocket expenses when purchasing prescription pharmaceuticals.

Plastic and reconstructive surgery

A clinically necessary service listed in the Medicare Benefits Schedule as plastic and reconstructive surgery that is generally accepted by the medical profession as necessary for the appropriate treatment of a patient.

Prescription pharmaceuticals (non-PBS)

These are prescription-only items not covered by the Pharmaceutical Benefits Scheme. With Top 85 Working Visa Health Insurance we'll pay benefits up to a set amount for each prescription item after a set charge has been deducted. The set charge is equivalent to the current PBS patient contribution. It's important to note that we don't pay benefits for oral contraceptives or for prescription pharmaceuticals prescribed for cosmetic purposes.

Provider

A provider is any health or medical professional who provides you with a service and may include your doctor, dentist, anaesthetist or acupuncturist. It also includes people or organisations who provide you with health items or aids – things like hearing aids, mouthguards or nebulisers.

Recognised provider

This is a provider approved by Medibank for the purpose of paying benefits. To check if the provider is recognised, please call us on 132 331.

Same day admission

This is when you're admitted to a hospital or day hospital facility and discharged on the same day where the stay does not extend beyond midnight.

Surgically implanted prosthesis

An approved manufactured item or piece of equipment that is surgically implanted or applied, generally during a hospital surgical procedure to replace or assist a body part or function. Examples include pacemakers, defibrillators, cardiac stents and joint replacements.

Better health for all Australians

Medibank is well known as one of Australia's leading private health insurers. However, over the past few years we've become much more than simply an insurance provider.

In 2010, we launched a wide range of health services to companies, government and members under our Medibank Health Solutions division. We're proud of our comprehensive network where:

- We employ over 1,500 clinical staff to deliver health services.
- We own and operate over 65 clinics across Australia that provide face-to-face injury prevention advice and injury management services, specialist clinical and rehabilitation services, and travel health advice (through the Travel Doctor-TMVC).
- We've become Australia's largest provider of telephone-based health services giving expert advice about a range of health issues and 'what to do next', through healthdirect Australia and the NURSE-ON-CALL telephone service.
- We offer a range of betterhealth programs and advice designed to help our members maintain a healthy lifestyle, achieve their health goals and manage their health problems.

That's why we believe our members are clearly better off with Medibank, supporting them along the journey to better health.



How to join Working Visa Health Insurance

Whether you're in Australia already or haven't left your home country yet, it's easy to join a Working Visa Health Insurance cover.

- Call us on **132 331** if in Australia or +61 3 8622 5780 if calling from outside Australia
- Visit **medibank.com.au/visitors**
- Post the completed application forms to:
Medibank Private Limited
GPO Box 9999
Queensland Australia
- Visit a Medibank store.

Can I purchase cover before I arrive?

You can purchase your cover up to 12 months before you arrive in Australia. The maximum period of cover you can purchase in advance is 12 months. Medibank requires a minimum of one month's premium to be paid in advance, unless you pay by direct debit, in which case the advance payment period may be shorter.

Can someone else purchase this cover for me?

A friend or relative can apply in advance for membership on your behalf, so that your membership can start from the moment you arrive.

When does my cover start?

If you join Medibank and pay your premiums in advance from outside Australia your membership starts on the day you arrive in Australia. Waiting periods apply before you can claim benefits.

If you arrive on a date other than your expected date of arrival, please visit us at one of our stores so that our records can be changed to reflect the appropriate commencement date. You will need to bring your passport and membership card (if you already have one) with you to make this change.

If you join in Australia, your membership starts on the day you first pay your premiums, unless you have nominated a later date to be your commencement date, or on the date you transfer from your current health fund. Once your membership starts, you'll then begin to serve your waiting periods.

How can I pay?

Direct debit

Medibank's direct debit facility is a convenient and flexible way to pay your premiums. Your premiums are automatically deducted from your Australian bank, building society or credit union or a credit card* account. You also have the flexibility to choose when you'd like your payments to be made – fortnightly, four-weekly, monthly, quarterly, half-yearly, or yearly.

*Please note direct debit deductions from a credit card account can only be made at monthly intervals on the 11th of each month.

Other payment methods

Of course, if direct debit doesn't suit you, there are other payment options available. You can pay your premiums:

- at Medibank stores
- by **BPAY**[®] (through your participating financial institution), or by calling Australia Post on 131 816 and registering to pay through their Billpay service, or at any branch of Australia Post.

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Important points to note about payment methods

- EFTPOS, cheque or credit card payments made direct to Medibank must be a minimum of one month's premium.
- Payment by credit card is available by VISA or MasterCard only.

For more information on payment methods, please call 132 331 or +61 3 8622 5780 (outside Australia), drop into a Medibank store, or visit medibank.com.au