

MID VISITOR COVER (390 PLAN)

SCHEDULE OF BENEFITS

Sections 1 – 7 only

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This Schedule of Benefits needs to be read in conjunction with the Policy Document.

Effective 13 February 2012

SECTION 1.1 PUBLIC and PRIVATE HOSPITAL COVER FOR INJURY AND SICKNESS

100% of the cost for Hospital and In-patient Medical

In-Hospital (In-patient) Expenses incurred as a result of sustaining Injury or Sickness and paid by you or on your behalf to a Medical Practitioner, registered nurse or registered physiotherapist or hospital for medical, surgical, x-ray, hospital, nursing or other medical treatment as shown below, including prescribed medicines, drugs and medical supplies within Australia.

- Private accommodation
- Shared private Ward
- General ward
- Theatre fees
- Intensive care
- Procedure room
- Anaesthetic services
- Same day surgery
- Specialist medical care in hospital
- Prostheses (surgically implanted)
- Special surgical dressings, supplies and procedures
- Physiotherapy in hospital
- Drugs and medicines in hospital
- Specialist nursing
- X-rays
- Pathology
- Medical and surgical supplies
- Blood transfusions
- Parent hospital accommodation charges
- All medical, surgical and extras services and other in-hospital services approved by IMAN

SECTION 1.2 PUBLIC and PRIVATE HOSPITAL COVER FOR REHABILITATION PROGRAMMES following Hospitalisation

100% of the cost for Hospital and In-patient Medical

SECTION 1.3 OUT-PATIENT CONTINUING TREATMENT following Hospitalisation

100% Cost

SECTION 1.4 PUBLIC HOSPITAL COVER FOR PREGNANCY AND BIRTH RELATED SERVICES, PSYCHIATRIC TREATMENT AND PALLIATIVE CARE

Public Hospital Accommodation – 100% of the rates raised by the public hospital

If you choose to be treated in a private hospital you'll receive minimum benefits only, this is equivalent to the public hospital benefit for admitted patients' that is equal to the State and Territory gazetted rates for ineligible patients. This may result in large out-of-pocket expenses.

In-patient Medical – 100% of the MBS fee for In-patient medical provided in a hospital including doctors, specialists, pathology and radiology.

Pregnancy and birth related services are payable after 12 months Waiting Period has been served.

SECTION 2 OUT- PATIENT MEDICAL COVER FOR INJURY AND SICKNESS 100% of cost of service

Primary and Specialist Medical Practitioner Outpatient Medical Care for Injury and Sickness

- Medical Practitioner visits to office, hotel or residence
- Visits to Medical Practitioners - general Medical Practitioners and specialist Medical Practitioners
- Sports medicine
- Pathology for Injury and Sickness
- Diagnostic testing
- Tests and procedures
- Pathology tests
- Laboratory tests
- Blood tests
- Hospital Emergency Room Visits

Exclusions:

- Psychology services
- Psychiatric Out-patient services. Refer Section 4 of Plan for psychiatric out-patient cover.
- Antenatal and postnatal Out-patient services.

Medical Practitioner-ordered Outpatient Medical Services for Injury and Sickness

- Plastic surgery (reconstruction after accident)
- Chemotherapy
- Radiation therapy
- X-rays
- Lithotripsy
- Artificial aids

Continued overleaf

Blood glucose meter

Nebuliser

Other medical tests, operations, treatments and specialist procedures as approved by IMAN

SECTION 3 HOSPITAL COVER FOR ELECTIVE SURGERY

100% of the cost for Public and Private Hospital and In-patient Medical:

Terminations where not medically necessary

Circumcision

Tongue Tie

Sterilisation and reversal of sterilisation

Sleep apnoea testing

Lower benefits* are payable for:

Gastric banding and obesity surgery

***Public Hospital Cover** - equivalent to the Public Hospital benefit for admitted patients that is equal to the State and Territory gazetted rates for ineligible patients. (If the public hospital charges more than this rate you'll be required to pay any difference between this benefit and the hospital charge). If you choose to be treated in a private hospital, you'll receive a minimum benefit only, which may result in large out-of-pocket expenses.

***In-patient Medical** – 100% of the MBS fee for In-patient medical provided in a hospital including doctors, specialists, pathology and radiology.

SECTION 4 OUT-PATIENT PSYCHIATRIC SERVICES

100% of cost of service

Up to a maximum of \$A2000 per Plan per Membership Year in total.

Please note: Expenses for counselling, testing, and any other services provided by psychologists and other persons who are not registered psychiatrists are NOT payable. Benefits are only payable for one on one consultations – group sessions are excluded.

SECTION 5 OUT-PATIENT PHARMACEUTICAL - MEDICAL PRACTITIONER-PRESCRIBED DRUGS AND MEDICINES

Benefits apply after a 2 month Waiting Period has been served, and are subject to specified Annual Limits:

- Single up to a maximum of \$A1000 per Membership Year in total
- Family/Couple up to a maximum of \$A2000 per Membership Year in total

Medical Practitioner-prescribed drugs and medicines, as listed under the Australian Government's Pharmaceutical Benefits Scheme, due to Injury or Sickness whilst in Australia. No Benefits are payable for medicines which are not listed on the Australian Government's Pharmaceutical Benefits Scheme. Benefits are accrued each 3 monthly period, to the maximum as specified above, each membership year. Benefits are on a pro-rata basis for membership periods of less than 12 months.

SECTION 6 PHYSIOTHERAPY, OSTEOPATHY AND CHIROPRACTIC SERVICES

Benefits apply after a 2 month Waiting Period has been served, and are subject to specified Annual Limits:

- Single up to a maximum of \$A1000 per Membership Year in total
- Family/Couple up to a maximum of \$A2000 per Membership Year in total

Treatment by a registered physiotherapist, osteopath or chiropractor, due to Injury or Sickness whilst in Australia. Benefits are accrued each 3 monthly period, to the maximum as specified above, each membership year. Benefits are on a pro-rata basis for membership periods of less than 12 months. Benefits are only payable for one on one consultations – group sessions are excluded.

SECTION 7 AMBULANCE COVER, MEDICAL REPATRIATION TO HOME COUNTRY, FUNERAL EXPENSES

Coverage is provided for **ambulance services** within Australia that is:

- 1) provided by a State or Territory Ambulance Service (and not already covered by a State Ambulance Scheme); and
- 2) defined by the relevant service provider as emergency ambulance transport; or
- 3) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or
- 4) defined by a treating doctor as medically necessary transport.

Medical repatriation to home country when this is deemed medically necessary by a Medical Practitioner appointed by us. Medical repatriation includes the cost of air fares, on-board stretcher, accompanying aero-medical specialists and nursing staff, and ambulance transport in your home country.

Funeral Expenses in Australia or the cost of returning your body or ashes to your home country.