



How does the Medicare Safety Net work?

If you register as a family or a couple, your medical costs are combined so that you are more likely to reach a threshold sooner

medicare



The Medicare Safety Net provides families and individuals with financial assistance for out-of-pocket costs for out-of-hospital Medicare Benefits Schedule (MBS) services. Once you reach a Medicare Safety Net threshold, you may be eligible for additional Medicare benefits for out-of-hospital services for the rest of the calendar year.

Did you know?

- Couples and families need to register for the Medicare Safety Net, even if all your family members are listed on your Medicare card.
- Each family member needs to be identified so their medical costs can be counted towards your family's Medicare Safety Net.
- You only need to register once.
- Registration is free.

If you register as a family or couple, your medical costs are combined so that you are more likely to reach a threshold sooner.

Note: Medicare Australia will contact couples and families when they are nearing a threshold. You must confirm in writing who is in your Medicare Safety Net family each year before any higher benefits can be paid.

Individuals are automatically registered for the Medicare Safety Net—just keep your contact details up-to-date with Medicare Australia.

How do I register?

- Call **132 011***.
- Visit your local Medicare office.
- Online at www.medicareaustralia.gov.au then go to **For individuals and families > Services and programs > Medicare Safety Net**

What is a Medicare Safety Net family?

For Medicare Safety Net purposes a family consists of:

- a couple legally married and not separated or a couple in a de facto relationship with or without dependant children
- a single person with dependant children.

Note: a dependant child is someone under 16 years of age or a full-time student under 25 years of age attending a school, college or university, whom you financially support.

What if my child is a member of two registered families?

If your child is a member of two registered families, for reasons such as separation or divorce, the family who pays the cost of the medical service receives the benefit. Any out-of-pocket costs will count towards that family's Medicare Safety Net. This is determined by the Medicare card used to claim the benefit.

How do I change my family's Medicare Safety Net registration details?

To change your family's registration details:

- call **132 011***
- visit your local Medicare office.

Is it possible to reach more than one threshold?

Yes—it is possible to reach more than one threshold in a calendar year. Medicare Australia will calculate the benefits you are entitled to and you will be automatically paid the higher benefit each time you make a claim for the rest of that calendar year.

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What services count towards the Medicare Safety Net?

Only Medicare services received out-of-hospital count towards the Medicare Safety Net.

Medicare Safety Net thresholds as at 1 January 2010

	Threshold amount	Who it is for	How it is calculated	What the benefit is
Original	\$388.80 [†]	All Medicare cardholders	Based on gap amount	100% of schedule fee for out-of-hospital services
Extended concession and FTB(A)	\$562.90 [†]	Concession cardholders and families eligible for FTB(A)	Out-of-pocket costs	80% of out-of-pocket costs or the EMSN benefit cap for out-of-hospital services
Extended general	\$1126.00 [†]	All Medicare cardholders	Out-of-pocket costs	80% of out-of-pocket costs or the EMSN benefit cap for out-of-hospital services

[†] This figure is in line with the Consumer Price Index (CPI) adjusted on 1 January each year.

Out-of-pocket costs—the difference between the Medicare benefit and what your doctor charges you.

Gap amount—the difference between the Medicare benefit and the schedule fee.

Schedule fee—a fee for service set by the Australian Government.

What is the Medicare Safety Net original threshold?

The Medicare Safety Net original threshold is for all Medicare cardholders.

How is the threshold calculated?

This threshold is reached by calculating your gap amounts. Medicare Australia pays either 85 per cent or 100 per cent of the Medicare schedule fee for out-of-hospital MBS services. This is dependent on the service provided. The gap amount is the difference between the Medicare benefit and the schedule fee.

The schedule fee is the fee for service set by the Australian Government—not the fee charged by the doctor.

What am I entitled to once the Medicare Safety Net original threshold is met?

Once your gap amount reaches a threshold of \$388.80[†], your Medicare benefits will increase to 100 per cent of the schedule fee for any further out-of-hospital services that do not already attract 100 per cent of the schedule fee in that calendar year.

- When you pay the account in full you will receive 100 per cent of the schedule fee.

- When you do not pay the account in full, we will send you a cheque made payable to your doctor for 100 per cent of the schedule fee. You must take the cheque to your doctor along with any outstanding balance you owe.

For example: once you qualify for the Medicare Safety Net original threshold and are charged \$60 for an out-of-hospital service that does not already attract the full 100 per cent of the schedule fee, instead of receiving your standard Medicare benefit of 85 per cent of the schedule fee you will receive the full 100 per cent of the schedule fee.

What is the Extended Medicare Safety Net (EMSN) concession and Family Tax Benefit (Part A) (FTB(A)) threshold?

The EMSN concession and FTB(A) threshold is for concession cardholders and families eligible for FTB(A).

How is the threshold calculated?

This threshold is reached by calculating your out-of-pocket medical costs for MBS services out-of-hospital. Out-of-pocket costs are the difference between the Medicare benefit and what your doctor charges you.

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What is an EMSN benefit cap?

An EMSN benefit cap is an upper limit on the amount of Medicare Safety Net benefit payable for an out-of-hospital MBS service. Not all Medicare items have an EMSN benefit cap.

What am I entitled to once the EMSN concession and FTB(A) threshold is met?

Medicare Australia will pay additional Medicare Safety Net benefits for MBS services provided out-of-hospital after a threshold of \$562.90[†] per family or individual per calendar year is reached.

- When you pay the account in full, you may receive the Medicare benefit plus the additional 80 per cent benefit or the EMSN benefit cap.
- When you do not pay the account in full, we will send you a cheque payable to your doctor. You must take the cheque to your doctor along with any outstanding balance you owe. Once you pay the remainder of the account in full and you provide proof of payment to Medicare Australia (that is your receipt and Medicare Statement), additional Medicare Safety Net benefits will be paid to you.
- If the 80 per cent out-of-pocket exceeds the EMSN benefit cap amount, you will receive the EMSN benefit cap amount only.
- Information about which items are capped is available at www.medicareaustralia.gov.au then go to **For individuals and families > Services and programs > Medicare Safety Net**

For example: once you qualify for the threshold and then visit a doctor who charges you \$60 for a standard consultation, you will receive your Medicare benefit of \$32.80 plus 80 per cent of your out-of-pocket costs (\$27.20)—giving you an extra \$21.75 in your pocket. So in this example, it will only cost you \$5.45 to visit your doctor. However, if the item is subject to the EMSN benefit cap, the amount you receive may be less.

What are eligible concession cards?

Eligible concession cards are those issued by Centrelink or the Department of Veterans' Affairs, including:

- Commonwealth seniors' health cards
- Health care cards
- Pensioner cards.

Who is considered a concessional family?

A concessional family is a combination of at least one adult plus another family member who is entitled to a Commonwealth concession. Only these concession cardholders' out-of-pocket amounts count towards the EMSN concession threshold.

If one or more children in your family have concession cards but you and your partner do not, then your child/children are treated as individuals for the purposes of calculations and payments under the Medicare Safety Net. However, any out-of-pocket costs for your child will count towards your family's Medicare Safety Net threshold.

Note: when a family Medicare Safety Net registration has a combination of concessional and non concessional members, the Medicare Safety Net benefit may vary.

Who is considered an FTB(A) family?

If you are eligible for an FTB(A) payment, you and your family are eligible for the EMSN FTB(A) threshold.

How can I claim my FTB(A) payment?

There are two ways families can claim an FTB(A) payment—as a fortnightly instalment or as a lump sum payment.

Fortnightly instalment examples

- If you claim FTB(A) as a fortnightly instalment through the Family Assistance Office, your EMSN FTB(A) threshold eligibility will start on the date of payment in that calendar year.
- If you claim FTB(A) by deferring your fortnightly instalment payments through the Family Assistance Office, your EMSN FTB(A) threshold eligibility will start on the date of deferment in that calendar year.
- If you claim FTB(A) by deferring your fortnightly instalment payments through Centrelink, your EMSN FTB(A) threshold eligibility will start on the date of deferment in that calendar year.

Lump sum examples

- If you claim FTB(A) as a lump sum payment for a past period, for example, the previous financial year, your EMSN FTB(A) threshold eligibility will start the following calendar year.

Note: lump sum payments must be received before 31 December to be eligible for the next full calendar year. If the payment is made after 31 December, eligibility will start from the date of payment in the eligible calendar year in which it is received.

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Disclaimer: how you choose to receive your FTB(A) payment(s) determines your eligibility for the EMSN FTB(A) threshold. It is your responsibility to understand that your choice of FTB(A) payment can affect your EMSN FTB(A) threshold eligibility.

For more information about FTB(A)

- Call the Family Assistance Office on **136 150***.
- Visit your local Medicare office or Centrelink Customer Service Centre.

What if I'm only a concession cardholder for part of the year or receive only one fortnightly FTB(A) payment?

If you are a concession cardholder or eligible for FTB(A) at any time during a calendar year, you are eligible for the EMSN concession and FTB(A) threshold for the remainder of that year starting from your date of payment.

What is the EMSN general threshold?

The EMSN general threshold is for all Medicare cardholders.

How is the threshold calculated?

This threshold is reached by calculating your out-of-pocket medical costs for MBS services out-of-hospital. Out-of-pocket costs are the difference between the Medicare benefit and what your doctor charges you.

What am I entitled to once the EMSN general threshold is met?

Medicare Australia will pay additional Medicare Safety Net benefits for MBS services provided out-of-hospital after a threshold of \$1126.00[†] per family or individual per calendar year is reached.

- When you pay the account in full, you may receive the Medicare benefit plus the additional 80 per cent rebate or the EMSN benefit cap.
- When you do not pay the account in full, we will send you a cheque payable to your doctor. You must take the cheque to your doctor along with any outstanding balance you owe. Once you pay the remainder of the account in full and you provide proof of payment to Medicare Australia (that is your receipt and Medicare Statement), additional Medicare Safety Net benefits will be paid to you.

If the 80 per cent out-of-pocket exceeds the EMSN benefit cap amount, you will receive the EMSN benefit cap amount only.

For example: once you qualify for the EMSN general threshold and then visit a doctor who charges you \$60 for a standard consultation, you will receive your Medicare benefit of \$32.80 plus 80 per cent of your out-of-pocket costs (\$27.20)—giving you an extra \$21.75 in your pocket. So in this example, it will only cost you \$5.45 to visit your doctor. However, if the item is subject to the EMSN benefit cap, the amount you receive may be less.

For more information

Online www.medicareaustralia.gov.au

Email medicare@medicareaustralia.gov.au

Write **Medicare Australia**
GPO Box 9822
in your capital city

Call **132 011***

TTY **1800 552 152**** (hearing and speech impaired)

TIS **131 450*** (Translating and Interpreting Service)

If you need help translating this information call the TIS on **131 450***.

Arabic - إذا احتجت لمساعدة في ترجمة هذه المعلومات، يمكنك الإتصال بخدمة الترجمة التحريرية والشفهية على الرقم 131 450*

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