

## Private Health Information Statement - Hospital policy

### Priority Silver Plus Hospital

#### Medibank Private Limited

<http://medibank.com.au>  
ask\_us@medibank.com.au  
132331

#### Monthly Premium

**\$483.40<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
Available in Western Australia  
Closed to new members

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

### This policy ✓ includes cover for

✓ Back, neck and spine	✓ Gynaecology	✓ Palliative care
✓ Blood	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Bone, joint and muscle	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Brain and nervous system	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Breast surgery (medically necessary)	✓ Insulin pumps	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Sleep studies
✓ Dental surgery	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Weight loss surgery
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	R Rehabilitation
✓ Eye (not cataracts)	✓ Pain management	
✓ Gastrointestinal endoscopy	✓ Pain management with device	

### This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure
✗ Cataracts	✗ Joint replacements

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** No excess

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### [Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### [Other features of this hospital cover](#)

This policy also offers a Private Room Promise at Members' Choice hospitals. Conditions apply, see Insurer for details.

## **Ambulance cover**

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### [Other features of this ambulance cover](#)

Cover for an ambulance when you require immediate professional attention and you need to be transported to hospital or other approved facility and your medical condition is such that you cannot be transported any other way, or where an ambulance is called but transport is not needed. Cover for air ambulance where pre-approval has been obtained from Medibank. In all cases the ambulance provider must be Medibank approved. Please contact Medibank for further details.

### [Disclaimer](#)

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.