

## Private Health Information Statement - General treatment policy

### My Choice Extras Move 60

#### Medibank Private Limited

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#### Monthly Premium

**\$93.90 #**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Northern Territory

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

At Members' Choice extras providers you may get more for your cover. This includes 100% back on a dental check up, scale and clean each year and great optical deals. See <https://www.medibank.com.au/health-insurance/find-provider/#/>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: A 12 month waiting period applies to surgical tooth extraction. Exercise physiology benefit is \$16.00 for individual consultations and \$10.00 for group consultations. Counselling (no waiting period) shares an annual limit with Psychology. Vaccinations - non-PBS listed flu vaccinations only.

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|--------------------------|-------------------------|---|--|
| General dental*          | 2                       | \$400 per person  | Periodic oral examination - \$35.70<br>Scale & clean - \$52.90<br>Fluoride treatment - \$12.80<br>Surgical tooth extraction - \$122.20 |
| Major dental             | 12                      | \$350 per person<br>(combined limit for major dental & endodontic)  | Full crown veneered - \$500.00   |
| Endodontic               | 12                      |   | Filling of one root canal - \$117.50   |
| Optical                  | 6                       | \$150 per person<br>(combined limit for optical & eye therapy (orthoptics))   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge   |
| Non PBS pharmaceuticals  | 2                       | \$200 per person<br>(combined limit for non pbs pharmaceuticals, psychology & vaccinations)   | Per eligible prescription - \$21.00  |
| Physiotherapy            | 2                       | \$300 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, chinese medicine, exercise physiology & osteopathy) | Initial visit - \$39.30<br>Subsequent visit - \$31.60  |
| Chiropractic             | 2                       |   | Initial visit - \$35.30<br>Subsequent visit - \$24.00  |
| Psychology*              | 0                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - \$110.89<br>Subsequent visit - \$96.42   |
| Acupuncture              | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$26.80<br>Subsequent visit - \$25.40  |
| Remedial massage         | 2                       | \$150 per person  | Initial visit - \$41.20<br>Subsequent visit - \$31.20  |
| Chinese medicine         | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$16.00<br>Subsequent visit - \$16.00  |
| Exercise physiology*     | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$16.00<br>Subsequent visit - \$10.00  |
| Eye therapy (orthoptics) | 2                       | Combined limit - see Optical  | Initial visit - \$37.50<br>Subsequent visit - \$27.50  |

|               |   |  |   |
|---------------|---|--|---|
| Osteopathy    | 2 | Combined limit - see Physiotherapy           | Initial visit - \$35.30<br>Subsequent visit - \$24.00 |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 100% of charge                          |

This policy **X does not include** General treatment (Extras) cover for

|                                 |                      |   |
|---------------------------------|----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Podiatry    |   |

Ambulance cover

In Northern Territory 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.