

## Private Health Information Statement - General treatment policy

### Better Health Elite

#### Medibank Private Limited

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#### Monthly Premium

**\$200.55 #**

(before any rebate or insurer discount)

Covers only one person  
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.

Available to employees of a company that has an agreement with Medibank

### General Treatment Cover

This policy can only be purchased with certain hospital policies.

At Members' Choice extras providers you may get more for your cover. This includes 100% back on dental, optical, physio, chiro, remedial massage, acupuncture and podiatry up to the annual limit. 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 12mth waiting period applies to surgical tooth extraction. Counselling (no waiting period) shares an annual limit with psychology. Vaccinations (non-PBS listed Flu vaccination only). Health Management Programs (Health Support Benefits) (2 mths waiting period) includes Quit Smoking Course, Nicotine Replacement Therapy, Exercise Class, Gym membership, Personal training session, Weight management class, Weight management course. Must be approved by a health practitioner. Home nursing benefits paid towards services by a recognised home nursing provider (not available in NT or TAS). Please contact Medibank for more information.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits  |
|-------------------------|-------------------------|--|---|
| General dental*         | 2                       | \$2,000 per policy<br>(combined limit for general dental, major dental, endodontic & orthodontic)  | Periodic oral examination - 90% of charge<br>Scale & clean - 90% of charge<br>Fluoride treatment - 90% of charge<br>Surgical tooth extraction - 90% of charge |
| Major dental            | 12                      |  | Full crown veneered - 90% of charge   |
| Endodontic              | 12                      |  | Filling of one root canal - 90% of charge   |
| Orthodontic             | 12                      |  | Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge  |
| Optical                 | 6                       | \$350 per policy   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Non PBS pharmaceuticals | 2                       | \$1,100 per policy<br>(combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, audiology, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy) | Per eligible prescription - 90% of charge   |
| Physiotherapy           | 2                       | \$800 per policy   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Chiropractic            | 2                       | \$800 per policy<br>(combined limit for chiropractic & osteopathy)   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Podiatry                | 2                       | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |

|  |    |   |   |
|--|----|---|---|
| Psychology*                            | 0  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Acupuncture                            | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Remedial massage                       | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Hearing aids                           | 36 | Combined limit - see Non PBS pharmaceuticals  | Hearing aid - 90% of charge   |
| Blood glucose monitors                 | 24 | Combined limit - see Non PBS pharmaceuticals  | Per monitor - 90% of charge   |
| Audiology                              | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Ante-natal/Post-natal classes          | 2  | \$200 per policy<br>(combined limit for ante-natal/post-natal classes & vaccinations) | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge |
| Chinese medicine                       | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Dietetics/dietary advice               | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Exercise physiology                    | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Eye therapy (orthoptics)               | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Health management / Healthy lifestyle* | 2  | \$200 per policy  | Health management - 100% of charge                                  |
| Home nursing*                          | 2  | \$400 per policy  | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge |
| Occupational therapy                   | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Orthotics (podiatric orthoses)         | 2  | Combined limit - see Non PBS pharmaceuticals  | Orthotics supply & fit - 90% of charge                              |
| Osteopathy                             | 2  | Combined limit - see Chiropractic   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Speech therapy                         | 2  | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Vaccinations*                          | 2  | Combined limit - see Ante-natal/Post-natal classes                                    | Per service - 100% of charge  |

Health appliances and external prostheses (2mth waiting period), Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period), 90% back combined limit with Non-PBS Pharmaceuticals. Various benefit replacement periods apply. Benefits for antenatal and postnatal services including birthing courses and lactation consultations with a registered midwife in private practice. Plus benefits towards pregnancy compression garments (2 mth waiting period), TENS machine (2 mth waiting period), 100% back up to annual limit. Health subscriptions (refer to Medibank for approved organisations) \$200 per annum (combined limit with Health Management), 2 mth waiting period, 100% per subscription up to annual limit. Health screening tests (where no Medicare benefit is payable) \$400 per annum, 2 mth waiting period, 100% per test up to annual limit. Refer to Medibank for approved screening tests. Please contact Medibank for more information.

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Get 90% back at any recognized providers and up to 100% back at our Members' Choice Advantage providers for selected services. 100% back on up to 2 check-ups each year at Members' Choice Advantage dentists and this doesn't count towards annual limits; No orthodontics lifetime limit

### 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](#)

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