

Private Health Information Statement - General treatment policy

Medibank Corporate Comfort Extras 60

Medibank Private Limited

<http://medibank.com.au>
ask_us@medibank.com.au
132331

Monthly Premium

\$177.10[#]

(before any rebate or insurer discount)

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

Available in Tasmania

[#] 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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

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 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. A maximum benefit per item of \$21 for pharmaceutical items and \$27.50 for allergen extracts applies. Counselling (no waiting period) shares an annual limit with Psychology and Non PBS pharmaceuticals. Vaccinations - non-PBS listed flu vaccinations only. Health Management benefit shown is the benefit for an approved weight management course, various benefits apply to the other services, please refer to the bottom of this PHIS.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General dental* | 2 | \$600 per person | Periodic oral examination - 45% of charge Scale & clean - 45% of charge Fluoride treatment - 45% of charge Surgical tooth extraction - 45% of charge |
| Major dental | 12 | \$700 per person (combined limit for major dental & endodontic) | Full crown veneered - 45% of charge |
| Endodontic | 12 | | Filling of one root canal - 45% of charge |
| Optical | 6 | \$200 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$200 per person (combined limit for non pbs pharmaceuticals, psychology & vaccinations) | Per eligible prescription - 45% of charge |
| Physiotherapy | 2 | \$400 per person (combined limit for physiotherapy, chiropractic & osteopathy) | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Chiropractic | 2 | | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Podiatry | 2 | \$150 per person (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Psychology* | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Acupuncture | 2 | \$150 per person (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology) | Initial visit - 45% of charge Subsequent visit - 45% of charge |

| | | | |
|----------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Remedial massage | 2 | | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Hearing aids | 36 | \$400 per person 1 appliance(s) every 5 years | Hearing aid - 100% of charge |
| Blood glucose monitors | 24 | \$400 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors, dietetics/dietary advice & other services) | Per monitor - 45% of charge |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see Blood glucose monitors | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Exercise physiology | 2 | Combined limit - see Acupuncture | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Health management / Healthy lifestyle* | 2 | \$75 per person | Health management - 45% of charge |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Podiatry | Orthotics supply & fit - 45% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - 45% of charge Subsequent visit - 45% of charge |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 100% of charge |

Health appliance and external prostheses (2 mnth waiting period), Blood pressure monitor (24 mnth waiting period), Breathing appliances (12 mnth waiting period), TENS machine (24 mnth waiting period) and Dietetics (2 mnth waiting period) shares the same annual limit. Health subscriptions (2 mnth waiting period, refer to Medibank for approved organisations) shares an annual limit with Health Management Programs (Health Support Benefits) - 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. Health screening tests - Skin checks/Mole mapping, Retinal scan, Bone density test, Bowel cancer screening kit and MRI (where no Medicare benefit is payable) (2 mnth waiting period) included. Please contact Medibank for more information about these services.

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

X Orthodontic

X Other treatments - check with your insurer

Other features of this general treatment cover

No limit on preventative dental (oral examination and scale and clean only) applies at Members Choice Advantage providers only. Health subscription shares an annual limit with Health Management (Health Support Benefit). Health Screening Test has an annual limit of \$100 per person.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.