

Private Health Information Statement - General treatment policy

VIP Super Extras 85 Cover

Medibank Private Limited

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Monthly Premium

\$311.40[#]

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Western Australia

Closed to new members

[#] 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 for employees of companies which have an agreement with Medibank Private

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 *: Surgical dental procedures under general dental (12mth waiting period), periodontics (2mth waiting period, 85% back and \$300 annual limit); major restorative fillings (6mth waiting period, 85% back and \$400 annual limit); crowns, dentures, dental implants and bridges (12mth waiting period, 85% back and shares an annual limit with major dental); blood pressure monitors (12mth waiting period, 85% back and shares an annual limit with blood glucose monitors)

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|---|
| General dental* | 2 | No annual limit (combined limit for general dental & endodontic) | Periodic oral examination - 85% of charge Scale & clean - 85% of charge Fluoride treatment - 85% of charge Surgical tooth extraction - 85% of charge |
| Major dental* | 12 | \$1,500 per person | Full crown veneered - 85% of charge |
| Endodontic | 2 | Combined limit - see General dental | Filling of one root canal - 85% of charge |
| Orthodontic | 12 | \$1,000 per person \$3,000 lifetime limit for Orthodontic | Braces for upper & lower teeth, including removal plus fitting of retainer - 85% of charge |
| Optical | 6 | \$250 per person | Single vision lenses & frames - 85% of charge Multi-focal lenses & frames - 85% of charge |
| Non PBS pharmaceuticals | 2 | \$350 per person | Per eligible prescription - 85% of charge |
| Physiotherapy | 2 | \$500 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Chiropractic | 2 | \$350 per person (combined limit for chiropractic & osteopathy) | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Podiatry | 2 | \$350 per person (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Psychology | 0 | \$500 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Hearing aids | 36 | \$800 per person 1 appliance(s) every 5 years | Hearing aid - 100% of charge |
| Blood glucose monitors* | 12 | \$240 per person 1 appliance(s) every 3 years | Per monitor - 85% of charge |
| Dietetics/dietary advice | 2 | \$350 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |

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|--|---|-----------------------------------|---|
| Eye therapy (orthoptics) | 2 | \$350 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Home nursing | 2 | \$350 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Occupational therapy | 2 | \$350 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Podiatry | Orthotics supply & fit - 85% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Speech therapy | 2 | \$350 per person | Initial visit - 85% of charge Subsequent visit - 85% of charge |
| Also includes School Accident cover (2mth waiting period, 85% back up to \$500 annual limit); health appliances and external prostheses (2mth waiting period, 100% back up to \$500 annual limit); breathing appliances (12mth waiting period, 85% back up to \$120 annual limit); counselling (no waiting period, 85% back and shares an annual limit with Psychology). Please contact Medibank for more information. | | | |

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

| | | |
|----------------------|---------------------------|---|
| X Acupuncture | X Remedial massage | X Other treatments - check with your insurer |
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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.