

## Private Health Information Statement - General treatment policy

### Smart Choice Extras Cover

#### Medibank Private Limited

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#### Monthly Premium

**\$119.00<sup>#</sup>**

(before any rebate or insurer 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 an insurer discount. Check with your insurer for details.

### 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 for surgical tooth extraction. Exercise physiology benefits are \$20.00 for individual consultations and \$10.00 for group consultations.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$800 per person (combined limit for general dental & endodontic - <b>Sub-limits apply</b> )	Periodic oral examination - \$22.80 Scale & clean - \$35.60 Fluoride treatment - \$15.50
Major dental	12	\$300 per person up to \$600 per policy (combined limit for major dental, orthodontic, chiropractic, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & other services - <b>Sub-limits apply</b> )	Full crown veneered - \$300.00
Endodontic	12	Combined limit - see General dental	Filling of one root canal - \$72.00
Orthodontic	12	Combined limit - see Major dental	Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00
Optical	6	\$225 per person ( <b>Sub-limits apply</b> )	Single vision lenses & frames - \$129.00 Multi-focal lenses & frames - \$189.00
Non PBS pharmaceuticals	2	\$300 per person	Per eligible prescription - \$30.60
Physiotherapy	2	\$300 per person	Initial visit - \$32.90 Subsequent visit - \$21.70
Chiropractic	2	Combined limit - see Major dental	Initial visit - \$35.00 Subsequent visit - \$19.20
Podiatry	2	Combined limit - see Major dental	Initial visit - \$29.00 Subsequent visit - \$22.10
Psychology	0	Combined limit - see Major dental	Initial visit - \$115.29 Subsequent visit - \$100.25
Acupuncture	2	Combined limit - see Major dental	Initial visit - \$27.10 Subsequent visit - \$18.90
Remedial massage	2	Combined limit - see Major dental	Initial visit - \$20.00 Subsequent visit - \$20.00

Hearing aids	36	Combined limit - see Major dental	Hearing aid - \$300.00
Blood glucose monitors	24	Combined limit - see Major dental	Per monitor - \$150.00
Chinese medicine	2	Combined limit - see Major dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Dietetics/dietary advice	2	Combined limit - see Major dental	Initial visit - \$34.60 Subsequent visit - \$19.50
Exercise physiology*	2	Combined limit - see Major dental	Initial visit - \$20.00 Subsequent visit - \$10.00
Eye therapy (orthoptics)	2	Combined limit - see Major dental	Initial visit - \$27.50 Subsequent visit - \$19.90
Occupational therapy	2	Combined limit - see Major dental	Initial visit - \$30.20 Subsequent visit - \$24.60
Orthotics (podiatric orthoses)	2	Combined limit - see Major dental	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Major dental	Initial visit - \$35.00 Subsequent visit - \$19.20
Speech therapy	2	Combined limit - see Major dental	Initial visit - \$67.90 Subsequent visit - \$29.00
Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period, fixed benefits, sublimits and benefit replacement periods apply shared combined annual limit with Major Dental. - Counselling (no waiting period) shares an annual limit with Psychology. Please contact Medibank for more information.			

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

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

## 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.