## **Private Health Information Statement - General treatment policy**

| Priority Standard Extras  |   |  |  |  |  |
|---|---|--|--|--|--|
| Medibank Private<br>Limited<br>http://medibank.com.au<br>ask_us@medibank.com.au<br>132331 | Monthly Premium<br>\$119.55 <sup>#</sup><br>(before any rebate or insurer discount) | Covers only one person<br>Available in Victoria<br>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.

# **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 <u>https://www.medibank.com.au/health-insurance/find-provider/#/</u>.

### This policy **✓** includes General treatment (Extras) cover for

| Treatment                | Waiting period<br>(months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|--------------------------|----------------------------|--|--|
| General dental           | 2                          | \$800 per policy<br>(combined limit for general dental & endodontic - <b>Sub-</b><br><b>limits apply</b> )   | Periodic oral examination - \$30.50<br>Scale & clean - \$48.60<br>Fluoride treatment - \$15.50 |
| Major dental             | 12                         | \$300 per policy<br>(combined limit for major dental & orthodontic - <b>Sub-<br/>limits apply</b> )  | Surgical tooth extraction - \$69.10<br>Full crown veneered - \$480.00                          |
| 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 - \$400.00          |
| Optical                  | 6                          | \$225 per policy<br>(Sub-limits apply)   | Single vision lenses & frames - \$129.00<br>Multi-focal lenses & frames - \$189.00             |
| Non PBS pharmaceuticals  | 2                          | \$600 per policy<br>(combined limit for non pbs pharmaceuticals,<br>physiotherapy, chiropractic, podiatry, psychology,<br>acupuncture, remedial massage, hearing aids, blood<br>glucose monitors, dietetics/dietary advice, eye therapy<br>(orthoptics), occupational therapy, orthotics (podiatric<br>orthoses), osteopathy, speech therapy & other services<br>- <b>Sub-limits apply</b> ) | Per eligible prescription - \$21.90  |
| Physiotherapy            | 2                          |  | Initial visit - \$43.00<br>Subsequent visit - \$21.70  |
| Chiropractic             | 2                          |  | Initial visit - \$41.20<br>Subsequent visit - \$18.60  |
| Podiatry                 | 2                          |  | Initial visit - \$36.40<br>Subsequent visit - \$17.70  |
| Psychology               | 2                          |  | Initial visit - \$102.00<br>Subsequent visit - \$88.70   |
| Acupuncture              | 2                          |  | Initial visit - \$25.10<br>Subsequent visit - \$15.80  |
| Remedial massage         | 2                          |  | Initial visit - \$20.00<br>Subsequent visit - \$20.00  |
| Hearing aids             | 36                         |  | Hearing aid - \$480.00   |
| Blood glucose monitors   | 24                         |  | Per monitor - \$150.00   |
| Dietetics/dietary advice | 2                          |  | Initial visit - \$27.10<br>Subsequent visit - \$15.80  |
| Eye therapy (orthoptics) | 2                          |  | Initial visit - \$14.80<br>Subsequent visit - \$10.20  |

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| Occupational therapy           | 2 | Initial visit - \$30.50<br>Subsequent visit - \$18.00 |
|--------------------------------|---|---|
| Orthotics (podiatric orthoses) | 2 | Orthotics supply & fit - 60% of charge                |
| Osteopathy                     | 2 | Initial visit - \$41.20<br>Subsequent visit - \$18.60 |
| Speech therapy                 | 2 | Initial visit - \$49.10<br>Subsequent visit - \$23.60 |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period. Fixed benefits, sublimits and benefit replacement periods apply. These services share a combined annual limit with Hearing aids and Blood glucose monitors. 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 Victoria 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.