Private Health Information Statement - General treatment policy

Priority Standard Extras					
Medibank Private Limited http://medibank.com.au ask_us@medibank.com.au 132331	Monthly Premium \$197.10 [#] (before any rebate or insurer discount)	Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult) 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.

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.

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

Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
2	\$800 per person (combined limit for general dental & endodontic - Sub- limits apply)	Periodic oral examination - \$33.90 Scale & clean - \$47.40 Fluoride treatment - \$17.20
12	\$300 per person up to \$600 per policy (combined limit for major dental & orthodontic - Sub- limits apply)	Surgical tooth extraction - \$66.10 Full crown veneered - \$510.00
12	Combined limit - see General dental	Filling of one root canal - \$64.10
12	Combined limit - see Major dental	Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00
6	\$225 per person (Sub-limits apply)	Single vision lenses & frames - \$129.00 Multi-focal lenses & frames - \$189.00
2	\$600 per person up to \$1,000 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & other services - Sub-limits apply)	Per eligible prescription - \$30.60
2		Initial visit - \$32.90 Subsequent visit - \$21.70
2		Initial visit - \$35.00 Subsequent visit - \$19.20
2		Initial visit - \$29.00 Subsequent visit - \$22.10
2		Initial visit - \$115.29 Subsequent visit - \$100.25
2		Initial visit - \$27.10 Subsequent visit - \$18.90
2		Initial visit - \$30.00 Subsequent visit - \$30.00
36		Hearing aid - \$600.00
24		Per monitor - \$150.00
2		Initial visit - \$34.60 Subsequent visit - \$19.50
	(months) 2 12 12 12 12 36 24	(months)otherwise stated)2\$800 per person (combined limit for general dental & endodontic - Sub- limits apply)12\$300 per person up to \$600 per policy (combined limit for major dental & orthodontic - Sub- limits apply)12Combined limit - see General dental12Combined limit - see General dental12Combined limit - see Major dental6\$225 per person (Sub-limits apply)2\$600 per person up to \$1,000 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & other services - Sub-limits apply)223624

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Eye therapy (orthoptics)	2		Initial visit - \$27.50 Subsequent visit - \$19.90
Occupational therapy	2		Initial visit - \$30.20 Subsequent visit - \$24.60
Orthotics (podiatric orthoses)	2		Orthotics supply & fit - 60% of charge
Osteopathy	2		Initial visit - \$35.00 Subsequent visit - \$19.20
Speech therapy	2		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. 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 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.