

Private Health Information Statement - General treatment policy

Extras 55

Medibank Private Limited

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Monthly Premium

\$73.50 #

(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 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.

Available to employees of a company that has an agreement with Medibank

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 *: Surgical tooth extraction is subject to a 12 month waiting period. Counselling (no waiting period) shares an annual limit with Psychology. Benefit replacement periods apply to Hearing aids (60 months) and Blood glucose monitors (36 months).*

| 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 - 55% of charge Scale & clean - 55% of charge Fluoride treatment - 55% of charge Surgical tooth extraction - 55% of charge |
| Optical | 6 | \$180 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$300 per person | Per eligible prescription - 55% of charge |
| Physiotherapy | 2 | \$500 per person (combined limit for physiotherapy, chiropractic & osteopathy) | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Chiropractic | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Podiatry | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Psychology* | 0 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Acupuncture | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Remedial massage | 2 | \$300 per person (combined limit for 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) & speech therapy) | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Hearing aids* | 36 | | Hearing aid - 55% of charge |
| Blood glucose monitors* | 24 | | Per monitor - 55% of charge |
| Chinese medicine | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |

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|---|---|------------------------------------|---|
| Dietetics/dietary advice | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Exercise physiology | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Eye therapy (orthoptics) | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Occupational therapy | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Orthotics (podiatric orthoses) | 2 | | Orthotics supply & fit - 55% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Speech therapy | 2 | Combined limit - see Podiatry | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Health appliances and external prostheses (2 month waiting period), Breathing appliances (12 month waiting period) and Blood pressure monitors (24 month waiting period). These services are included in the \$300 combined limit. Various benefits replacement periods apply. Please contact Medibank for more information | | | |

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

| | |
|----------------|--|
| ✗ Endodontic | ✗ Orthodontic |
| ✗ Major dental | ✗ Other treatments - check with your insurer |

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.