

Private Health Information Statement - General treatment policy

Better Health 60

Medibank Private Limited

<http://medibank.com.au>
ask_us@medibank.com.au
132331

Monthly Premium

\$166.20[#]

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)
Available in Northern Territory

[#] 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 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 *: A 12mth waiting period applies to surgical tooth extraction.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|--|---|
| General dental* | 2 | \$1,000 per person (combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge |
| Major dental | 12 | | Full crown veneered - 60% of charge |
| Endodontic | 12 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 6 | \$200 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$400 per person (combined limit for non pbs pharmaceuticals, psychology, acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, occupational therapy & speech therapy) | Per eligible prescription - 60% of charge |
| Physiotherapy | 2 | \$350 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 2 | \$350 per person (combined limit for chiropractic, podiatry, orthotics (podiatric orthoses) & osteopathy) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Podiatry | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 2 | \$200 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |

| | | | |
|---|---|--|---|
| Ante-natal/Post-natal classes | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chinese medicine | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Occupational therapy | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Chiropractic | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Speech therapy | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| 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 Blood glucose monitors | X Hearing aids | X Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

Ambulance cover

In Northern Territory 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.