

## Private Health Information Statement - General treatment policy

### Better Health 70

#### Medibank Private Limited

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#### Monthly Premium

**\$287.70<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Western Australia

<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.

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 \*: A 12mth waiting period applies for Surgical tooth extraction.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,200 per person (combined limit for general dental, major dental, endodontic & orthodontic)	Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge Surgical tooth extraction - 70% of charge
Major dental	12		Full crown veneered - 70% of charge
Endodontic	12		Filling of one root canal - 70% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	6	\$225 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 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 - 70% of charge
Physiotherapy	2	\$450 per person	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic	2	\$450 per person (combined limit for chiropractic, podiatry, orthotics (podiatric orthoses) & osteopathy)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Podiatry	2		Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge

Remedial massage	2	\$225 per person	Initial visit - 70% of charge Subsequent visit - 70% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chinese medicine	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Chiropractic	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 70% of charge Subsequent visit - 70% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% 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

<b>X</b> Blood glucose monitors	<b>X</b> Hearing aids	<b>X</b> Other treatments - check with your insurer
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## 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.