

Private Health Information Statement - General treatment policy

Better Value 80

Medibank Private Limited

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Monthly Premium

\$252.00 #

(before any rebate or insurer discount)

Covers one adult & 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 and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or 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)	Periodic oral examination - 80% of charge Scale & clean - 80% of charge Fluoride treatment - 80% of charge Surgical tooth extraction - 80% of charge
Major dental	12		Full crown veneered - 80% of charge
Endodontic	12		Filling of one root canal - 80% of charge
Orthodontic	12	\$1,500 per person \$3,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$250 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, blood glucose monitors, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, occupational therapy, speech therapy & other services)	Per eligible prescription - 80% of charge
Physiotherapy	2	\$500 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	2	\$400 per person (combined limit for chiropractic & osteopathy)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	2	\$250 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge

Acupuncture	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Remedial massage	2	\$250 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Hearing aids	36	\$500 per person (combined limit for hearing aids, eye therapy (orthoptics) & other services)	Hearing aid - 80% of charge
Blood glucose monitors	24	Combined limit - see Non PBS pharmaceuticals	Per monitor - 80% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	2	Combined limit - see Hearing aids	Initial visit - 80% of charge Subsequent visit - 80% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Health appliances and external prostheses (2mth waiting period) and Breathing appliances (12mth waiting period), 80% back up to annual limit, \$500 annual limit shared with Hearing aids. Blood pressure monitors (24mth waiting period), 80% back up to annual limit, \$500 annual limit shared with Non-PBS Pharmaceuticals. Various benefit replacement periods apply. 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

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.