

## Private Health Information Statement - General treatment policy

### Better Health 80

#### Medibank Private Limited

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#### Monthly Premium

**\$283.40 #**

(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 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.

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 12 month 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                       | \$1,750 per person<br>(combined limit for general dental, major dental, endodontic & orthodontic)  | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge<br>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                      |  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge  |
| Optical                 | 6                       | \$260 per person   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Non PBS pharmaceuticals | 2                       | \$750 per person<br>(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 - 80% of charge   |
| Physiotherapy           | 2                       | \$600 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Chiropractic            | 2                       | \$600 per person<br>(combined limit for chiropractic, podiatry, orthotics (podiatric orthoses) & osteopathy)   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Podiatry                | 2                       |  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Psychology              | 0                       | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Acupuncture             | 2                       | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |

|   |    |  |   |
|---|----|--|---|
| Remedial massage  | 2  | \$300 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Hearing aids  | 36 | \$500 per person<br>(combined limit for hearing aids, blood glucose monitors, eye therapy (orthoptics) & other services) | Hearing aid - 80% of charge                                       |
| Blood glucose monitors  | 24 |  | Per monitor - 80% of charge                                       |
| Ante-natal/Post-natal classes   | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine  | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice  | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology   | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)  | 2  | Combined limit - see Hearing aids  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Occupational therapy  | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses)  | 2  | Combined limit - see Chiropractic  | Orthotics supply & fit - 80% of charge                            |
| Osteopathy  | 2  | Combined limit - see Chiropractic  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Speech therapy  | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Health appliances and external prostheses (2mth waiting period), Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period), 80% back up to annual limit, \$500 annual limit shared with Hearing Aids. 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

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.