

Private Health Information Statement - General treatment policy

Better Health 90

Medibank Private Limited

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

Monthly Premium

\$406.40 #

(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 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 *: 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	\$1,900 per person (combined limit for general dental, major dental, endodontic & orthodontic)	Periodic oral examination - 90% of charge Scale & clean - 90% of charge Fluoride treatment - 90% of charge Surgical tooth extraction - 90% of charge
Major dental	12		Full crown veneered - 90% of charge
Endodontic	12		Filling of one root canal - 90% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge
Optical	6	\$300 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$1,000 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 - 90% of charge
Physiotherapy	2	\$700 per person	Initial visit - 90% of charge Subsequent visit - 90% of charge
Chiropractic	2	\$700 per person (combined limit for chiropractic, podiatry, orthotics (podiatric orthoses) & osteopathy)	Initial visit - 90% of charge Subsequent visit - 90% of charge
Podiatry	2		Initial visit - 90% of charge Subsequent visit - 90% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Acupuncture	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge

Remedial massage	2	\$400 per person	Initial visit - 90% of charge Subsequent visit - 90% of charge
Hearing aids	36	\$600 per person (combined limit for hearing aids, blood glucose monitors, eye therapy (orthoptics) & other services)	Hearing aid - 90% of charge
Blood glucose monitors	24		Per monitor - 90% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Chinese medicine	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Exercise physiology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Eye therapy (orthoptics)	2	Combined limit - see Hearing aids	Initial visit - 90% of charge Subsequent visit - 90% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Chiropractic	Orthotics supply & fit - 90% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 90% of charge Subsequent visit - 90% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 90% of charge Subsequent visit - 90% of charge
Health appliances and external prostheses (2mth waiting period), Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period), 90% back up to annual limit, \$600 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

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.