Private Health Information Statement - General treatment policy

Top Extras 75

Medibank Private Limited

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Monthly Premium \$161.60

(before any rebate or insurer discount)

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

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.

General Treatment Cover

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

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|---|--|
| General dental* | 2 | No annual limit | Periodic oral examination - \$30.50 Scale & clean - \$51.20 Fluoride treatment - \$16.70 Surgical tooth extraction - \$126.50 |
| Major dental | 12 | \$1,000 per person (combined limit for major dental & endodontic) | Full crown veneered - \$787.10 |
| Endodontic | 12 | | Filling of one root canal - \$146.60 |
| Orthodontic* | 12 | \$800 per person \$2,400 lifetime limit | Braces for upper & lower teeth, including remove plus fitting of retainer - 100% 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 | \$400 per person | Per eligible prescription - \$31.00 |
| Physiotherapy | 2 | \$600 per person | Initial visit - \$47.90 Subsequent visit - \$40.70 |
| Chiropractic | 2 | \$400 per person (combined limit for chiropractic & osteopathy) | Initial visit - \$47.20 Subsequent visit - \$35.40 |
| Podiatry | 2 | \$400 per person (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - \$38.10 Subsequent visit - \$30.60 |
| Psychology | 0 | \$400 per person | Initial visit - \$105.89 Subsequent visit - \$87.69 |
| Acupuncture | 2 | \$300 per person (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology) | Initial visit - \$38.60 Subsequent visit - \$30.00 |
| Remedial massage | 2 | | Initial visit - \$41.40 Subsequent visit - \$29.90 |
| Hearing aids | 36 | \$800 per person 1 appliance(s) every 5 years | Hearing aid - 100% of charge |

| Blood glucose monitors | 24 | \$200 per person 1 appliance(s) every 3 years | Per monitor - 100% of charge |
|--------------------------------|----|--|---|
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$21.50 Subsequent visit - \$21.50 |
| Dietetics/dietary advice | 2 | \$400 per person | Initial visit - \$54.00 Subsequent visit - \$29.80 |
| Exercise physiology* | 2 | Combined limit - see Acupuncture | Initial visit - \$21.50 Subsequent visit - \$12.00 |
| Eye therapy (orthoptics) | 2 | \$400 per person | Initial visit - \$45.00 Subsequent visit - \$35.00 |
| Occupational therapy | 2 | \$400 per person | Initial visit - \$58.90 Subsequent visit - \$43.20 |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Podiatry | Orthotics supply & fit - 75% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$47.20 Subsequent visit - \$35.40 |
| Speech therapy | 2 | \$400 per person | Initial visit - \$56.50 Subsequent visit - \$38.10 |

Health appliances and external prostheses 2 mth waiting period. Fixed benefits and various benefits replacement periods apply. \$400 annual limit. Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period) 1 appliance every 36 months, shared annual limit with Blood glucose monitors. 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.

<u>PrivateHealth.gov.au</u> PolicyID: MBP/I98/TLVP2D