

## Private Health Information Statement - Combined policy

### Medibank Silver Plus Families

#### Medibank Private Limited

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#### Monthly Premium

**\$286.05 #**

(before any rebate, loading or discount)

Covers only one person  
Available in South Australia  
Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|   |  |   |
|---|--|---|
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy               | ✓ Pain management   |
| ✓ Blood   | ✓ Gynaecology                              | ✓ Palliative care   |
| ✓ Bone, joint and muscle                                  | ✓ Heart and vascular system                | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Breast surgery (medically necessary)                    | ✓ Implantation of hearing devices          | ✓ Rehabilitation  |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                            | ✓ Skin  |
| ✓ Dental surgery  | ✓ Joint reconstructions                    | ✓ Sleep studies   |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder                       | ✓ Tonsils, adenoids and grommets  |
| ✓ Digestive system  | ✓ Lung and chest                           | R Hospital psychiatric services   |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system                 |   |
| ✓ Eye (not cataracts)                                     | ✓ Miscarriage and termination of pregnancy |   |

This policy ✗ does not include cover for

|                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Pain management with device |                       |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth         |                       |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

#### The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person per year.

**Co-payments:** No co-payments

#### The following waiting periods for hospital admissions apply to new or upgrading members

##### Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

#### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

#### Other features of this hospital cover

This cover has Accident Cover Boost. You'll have access to all clinical categories included in Gold level hospital cover where you require hospital treatment as a result of injuries sustained in an Accident that occurred after joining your cover. This cover also pays benefits towards the cost of a CPAP device. Please refer to your Medibank Member Guide for more information.

## 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

Note, for items marked with an asterisk \*: A 12 month waiting period applies to surgical tooth extraction. Orthodontics has a \$400 opening balance then a top up of \$200 per year up to a \$1200 lifetime limit.

| Treatment       | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits  |
|-----------------|-------------------------|--|---|
| General dental* | 2                       | \$500 per policy   | Periodic oral examination - \$22.50<br>Scale & clean - \$44.00<br>Fluoride treatment - \$13.30<br>Surgical tooth extraction - \$93.00 |
| Major dental    | 12                      | \$400 per policy<br>(combined limit for major dental & endodontic)   | Full crown veneered - \$500.00  |
| Endodontic      | 12                      |  | Filling of one root canal - \$116.00  |
| Orthodontic     | 12                      | \$400 per policy   | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge   |
| Optical         | 6                       | \$200 per policy   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Physiotherapy   | 2                       | \$400 per policy<br>(combined limit for physiotherapy, chiropractic & osteopathy)                                    | Initial visit - \$35.20<br>Subsequent visit - \$30.00   |
| Chiropractic    | 2                       |  | Initial visit - \$37.10<br>Subsequent visit - \$25.30   |
| Podiatry        | 2                       | \$200 per policy<br>(combined limit for podiatry, psychology, acupuncture, blood glucose monitors, chinese medicine, | Initial visit - \$32.70<br>Subsequent visit - \$25.50   |

|                                |    |   |   |
|--------------------------------|----|---|---|
| Psychology                     | 0  | dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$118.37<br>Subsequent visit - \$102.93 |
| Acupuncture                    | 2  |   | Initial visit - \$30.40<br>Subsequent visit - \$24.50   |
| Remedial massage               | 2  | \$100 per policy  | Initial visit - \$35.30<br>Subsequent visit - \$25.50   |
| Blood glucose monitors         | 24 | Combined limit - see Podiatry   | Per monitor - 100% of charge                            |
| Chinese medicine               | 2  | Combined limit - see Podiatry   | Initial visit - \$16.00<br>Subsequent visit - \$16.00   |
| Dietetics/dietary advice       | 2  | Combined limit - see Podiatry   | Initial visit - \$45.80<br>Subsequent visit - \$22.50   |
| Exercise physiology            | 2  | Combined limit - see Podiatry   | Initial visit - \$16.00<br>Subsequent visit - \$16.00   |
| Orthotics (podiatric orthoses) | 2  | Combined limit - see Podiatry   | Orthotics supply & fit - 55% of charge                  |
| Osteopathy                     | 2  | Combined limit - see Physiotherapy  | Initial visit - \$37.10<br>Subsequent visit - \$25.30   |
| Speech therapy                 | 2  | Combined limit - see Podiatry   | Initial visit - \$59.90<br>Subsequent visit - \$35.50   |

- Health appliance and external prostheses, (contact Medibank for further information) Part of combined limit with Podiatry, 2 mth waiting period, fixed amount back per item up to annual limit. - Blood pressure monitor (24 mth waiting period) and Breathing appliances (12 mth waiting period) Part of combined limit with Podiatry 100% up to annual limit. - Health subscriptions (refer to Medibank for approved organisations) Part of combined limit with Podiatry, 2 mth waiting period, 100% per subscription up to annual limit. - Health screening tests (where no Medicare benefit is payable) \$200 per annum, 2 mth waiting period, 100% per test up to annual limit. Refer to Medibank for approved screening tests. - Private hospital accident and emergency facility fees payable for Child or Student Dependant only, \$250 per annum, 2 mth waiting period, 100% back up to annual limit. - 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> Hearing aids | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Other treatments - check with your insurer |
|-----------------------|----------------------------------|---|

## Ambulance cover

In South 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.