

## Private Health Information Statement - Combined policy

### Silver Plus New Families Essentials

#### Medibank Private Limited

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#### Monthly Premium

**\$588.40<sup>#</sup>**

(before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Western Australia  
Closed to new members

<sup>#</sup> 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.

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.

### 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

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

This policy ✗ does not include cover for

|             |                      |
|-------------|----------------------|
| ✗ Cataracts | ✗ Joint replacements |
|-------------|----------------------|

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.

Excess payments do not apply to hospital admissions for dependants.

**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
- 12 months for pregnancy and birth (obstetrics)
- 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. Please see 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. Exercise physiology benefits are \$16.00 for individual consultations and \$10.00 for group consultations.*

| Treatment       | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                            | Examples of maximum benefits  |
|-----------------|-------------------------|---|---|
| General dental* | 2                       | \$500 per person  | Periodic oral examination - \$23.00<br>Scale & clean - \$43.60<br>Fluoride treatment - \$12.80<br>Surgical tooth extraction - \$90.60 |
| Major dental    | 12                      | \$400 per person<br>(combined limit for major dental & endodontic)                | Full crown veneered - \$508.40  |
| Endodontic      | 12                      |   | Filling of one root canal - \$107.70  |
| Optical         | 6                       | \$200 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Physiotherapy   | 2                       | \$400 per person<br>(combined limit for physiotherapy, chiropractic & osteopathy) | Initial visit - \$37.10<br>Subsequent visit - \$32.10   |
| Chiropractic    | 2                       |   | Initial visit - \$38.20<br>Subsequent visit - \$26.40   |
| Podiatry        | 2                       |   | \$200 per person<br>(combined limit for podiatry, psychology, acupuncture,  |

|                                |    |   |   |
|--------------------------------|----|---|---|
| Psychology                     | 0  | blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$115.29<br>Subsequent visit - \$100.25 |
| Acupuncture                    | 2  |   | Initial visit - \$34.80<br>Subsequent visit - \$28.40   |
| Remedial massage               | 2  | \$100 per person  | Initial visit - \$37.80<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 - \$40.30<br>Subsequent visit - \$22.30   |
| Exercise physiology*           | 2  | Combined limit - see Podiatry   | Initial visit - \$16.00<br>Subsequent visit - \$10.00   |
| Orthotics (podiatric orthoses) | 2  | Combined limit - see Podiatry   | Orthotics supply & fit - 55% of charge                  |
| Osteopathy                     | 2  | Combined limit - see Physiotherapy  | Initial visit - \$38.20<br>Subsequent visit - \$26.40   |
| Speech therapy                 | 2  | Combined limit - see Podiatry   | Initial visit - \$66.30<br>Subsequent visit - \$31.50   |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period, Blood pressure monitor 24 mth waiting period, Health subscriptions 2mth waiting period, Health screening tests 2mth waiting periods, fixed benefits, sublimits and benefit replacement periods apply share combined annual limit with Podiatry (contact Medibank for further information). – Private hospital accident and emergency fees, 2mth waiting period applies to child and student dependants only, annual limit \$250. – Membership Bonus, 6 mth waiting period, starts at \$100 per membership per year. - 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> Orthodontic                                |
| <b>X</b> Non PBS pharmaceuticals | <b>X</b> Other treatments - check with your insurer |

## Ambulance cover

In Western 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.