

## Private Health Information Statement - Combined policy

### Medibank Basic Everyday Starter

#### Medibank Private Limited

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

#### Monthly Premium

**\$286.30<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
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.

### 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

R Hospital psychiatric services

R Palliative care

R Rehabilitation

This policy ✗ does not include cover for

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

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](http://privatehealth.gov.au) for

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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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 \$750 per admission. This is limited to a maximum of \$750 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

For accidents that occur after joining this cover services which are normally Excluded or Restricted will be treated as included services where treatment is required for injuries sustained in an accident .

## 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			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$300 per person	Periodic oral examination - \$23.00 Scale & clean - \$43.60 Fluoride treatment - \$12.80 Surgical tooth extraction - \$90.60
Optical	6	\$150 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$400 per person (combined limit for physiotherapy, chiropractic, acupuncture, chinese medicine, dietetics/dietary advice & exercise physiology)	Initial visit - \$37.10 Subsequent visit - \$32.10
Chiropractic	2		Initial visit - \$38.20 Subsequent visit - \$26.40
Acupuncture	2		Initial visit - \$34.80 Subsequent visit - \$28.40
Remedial massage	2	\$100 per person	Initial visit - \$37.80 Subsequent visit - \$25.50
Chinese medicine	2	Combined limit - see Physiotherapy	Initial visit - \$16.00 Subsequent visit - \$16.00
Dietetics/dietary advice	0	Combined limit - see Physiotherapy	Initial visit - \$40.30 Subsequent visit - \$22.30
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$16.00 Subsequent visit - \$16.00

This policy  does not include General treatment (Extras) cover for

 Blood glucose monitors	 Major dental	 Podiatry
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✗ Endodontic	✗ Non PBS pharmaceuticals	✗ Psychology
✗ Hearing aids	✗ Orthodontic	✗ Other treatments - check with your insurer

### Other features of this general treatment cover

Great product combining cover for accidents along with some extras including a 100% back on a dental check up, excluding x-rays, when you visit a Members' Choice dentist.

## 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.