

# Private Health Information Statement - Combined policy

## Silver Plus Smart Options

### Medibank Private Limited

<http://medibank.com.au>  
ask\_us@medibank.com.au  
132331

### Monthly Premium

**\$845.60<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 Victoria

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.

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

This policy ✗ does not include cover for

|             |                                       |                      |
|-------------|---------------------------------------|----------------------|
| ✗ Cataracts | ✗ Dialysis for chronic kidney failure | ✗ 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 \*: 12 mth waiting period applies to surgical tooth extraction. Exercise physiology benefit is \$20 for individual consultations and \$10 for group consultations.*

| Treatment      | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                                                                                                                                                                                                                      | Examples of maximum benefits                                                                   |
|----------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| General dental | 2                       | \$800 per person<br>(combined limit for general dental & endodontic - <b>Sub-limits apply</b> )                                                                                                                                                                                                                                                                                                                             | Periodic oral examination - \$28.90<br>Scale & clean - \$33.80<br>Fluoride treatment - \$17.20 |
| Major dental   | 12                      | \$300 per person up to \$600 per policy<br>(combined limit for major dental, orthodontic, chiropractic, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & other services - <b>Sub-limits apply</b> ) | Full crown veneered - \$300.00                                                                 |
| Endodontic     | 12                      | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                         | Filling of one root canal - \$64.10                                                            |
| Orthodontic    | 12                      | Combined limit - see Major dental                                                                                                                                                                                                                                                                                                                                                                                           | Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00          |
| Optical        | 6                       | \$225 per person<br>( <b>Sub-limits apply</b> )                                                                                                                                                                                                                                                                                                                                                                             | Single vision lenses & frames - \$129.00<br>Multi-focal lenses & frames - \$189.00             |

|                                |    |                                   |                                                        |
|--------------------------------|----|-----------------------------------|--------------------------------------------------------|
| Non PBS pharmaceuticals        | 2  | \$300 per person                  | Per eligible prescription - \$21.90                    |
| Physiotherapy                  | 2  | \$300 per person                  | Initial visit - \$43.00<br>Subsequent visit - \$21.70  |
| Chiropractic                   | 2  | Combined limit - see Major dental | Initial visit - \$41.20<br>Subsequent visit - \$18.60  |
| Podiatry                       | 2  | Combined limit - see Major dental | Initial visit - \$36.40<br>Subsequent visit - \$17.70  |
| Psychology                     | 0  | Combined limit - see Major dental | Initial visit - \$102.00<br>Subsequent visit - \$88.70 |
| Acupuncture                    | 2  | Combined limit - see Major dental | Initial visit - \$25.10<br>Subsequent visit - \$15.80  |
| Remedial massage               | 2  | Combined limit - see Major dental | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Hearing aids                   | 36 | Combined limit - see Major dental | Hearing aid - \$300.00                                 |
| Blood glucose monitors         | 24 | Combined limit - see Major dental | Per monitor - \$150.00                                 |
| Chinese medicine               | 2  | Combined limit - see Major dental | Initial visit - \$20.00<br>Subsequent visit - \$20.00  |
| Dietetics/dietary advice       | 2  | Combined limit - see Major dental | Initial visit - \$27.10<br>Subsequent visit - \$15.80  |
| Exercise physiology*           | 2  | Combined limit - see Major dental | Initial visit - \$20.00<br>Subsequent visit - \$10.00  |
| Eye therapy (orthoptics)       | 2  | Combined limit - see Major dental | Initial visit - \$14.80<br>Subsequent visit - \$10.20  |
| Occupational therapy           | 2  | Combined limit - see Major dental | Initial visit - \$30.50<br>Subsequent visit - \$18.00  |
| Orthotics (podiatric orthoses) | 2  | Combined limit - see Major dental | Orthotics supply & fit - 60% of charge                 |
| Osteopathy                     | 2  | Combined limit - see Major dental | Initial visit - \$41.20<br>Subsequent visit - \$18.60  |
| Speech therapy                 | 2  | Combined limit - see Major dental | Initial visit - \$49.10<br>Subsequent visit - \$23.60  |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period, fixed benefits, sublimits and benefit replacement periods apply shared combined annual limit with Major dental. - PackageBonus, 6 mth waiting period, starts at \$50 for singles and \$100 couple/family 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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Hospital and extras package. Flexibility to access more extras services using our Flexi-Fund. Rewards you with a PackageBonus to use towards approved health and membership expenses. Access to betterhealth Programs to help keep you healthy.

### Ambulance cover

In Victoria 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.