

# Private Health Information Statement - Combined policy

| Gold Advantage                                                                                                                                                                 |                                                                                                   |                                                                                                                                    |
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| <b>Medibank Private Limited</b><br><a href="http://medibank.com.au">http://medibank.com.au</a><br><a href="mailto:ask_us@medibank.com.au">ask_us@medibank.com.au</a><br>132331 | <b>Monthly Premium</b><br><b>\$787.60<sup>#</sup></b><br>(before any rebate, loading or discount) | Covers two adults & dependants (3 or more people, only 2 of whom are adults)<br><br>Available in Tasmania<br>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 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.

## 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>
-  **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                          |  Eye (not cataracts)             |  Miscarriage and termination of pregnancy                                          |
|  Back, neck and spine                                    |  Gastrointestinal endoscopy      |  Pain management                                                                   |
|  Blood                                                   |  Gynaecology                     |  Pain management with device                                                       |
|  Bone, joint and muscle                                  |  Heart and vascular system       |  Palliative care                                                                   |
|  Brain and nervous system                                |  Hernia and appendix             |  Plastic and reconstructive surgery (medically necessary)                          |
|  Breast surgery (medically necessary)                    |  Hospital psychiatric services   |  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                   |  Rehabilitation                                                                    |
|  Dental surgery                                          |  Joint reconstructions           |  Skin                                                                              |
|  Diabetes management (excluding insulin pumps)           |  Joint replacements              |  Sleep studies                                                                     |
|  Dialysis for chronic kidney failure                     |  Kidney and bladder              |  Tonsils, adenoids and grommets                                                    |
|  Digestive system                                        |  Lung and chest                  |  Weight loss surgery                                                               |
|  Ear, nose and throat                                    |  Male reproductive system        |                                                                                                                                                                       |

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 \$200 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

One of Medibank Private's most comprehensive covers. No restricted services. No Excess for Children.

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 *: Surgical tooth extraction has a 12 mth waiting period. |                         |                                                                                                                                                          |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                         | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                   | Examples of maximum benefits                                                                                                          |
| General dental*                                                                                   | 2                       | No annual limit (Sub-limits apply)                                                                                                                       | Periodic oral examination - \$31.90<br>Scale & clean - \$50.60<br>Fluoride treatment - \$15.00<br>Surgical tooth extraction - \$53.90 |
| Major dental                                                                                      | 12                      | \$2,000 per person (combined limit for major dental & orthodontic - Sub-limits apply)                                                                    | Full crown veneered - \$480.00                                                                                                        |
| Endodontic                                                                                        | 12                      | \$400 per person                                                                                                                                         | Filling of one root canal - \$73.20                                                                                                   |
| Orthodontic                                                                                       | 12                      | Combined limit - see Major dental                                                                                                                        | Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00                                                 |
| Optical                                                                                           | 6                       | \$250 per person (Sub-limits apply)                                                                                                                      | Single vision lenses & frames - \$120.00<br>Multi-focal lenses & frames - \$180.00                                                    |
| Non PBS pharmaceuticals                                                                           | 2                       | \$600 per person                                                                                                                                         | Per eligible prescription - \$35.60                                                                                                   |
| Physiotherapy                                                                                     | 2                       | \$700 per person                                                                                                                                         | Initial visit - \$33.50<br>Subsequent visit - \$23.00                                                                                 |
| Chiropractic                                                                                      | 2                       | \$400 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology & osteopathy - Sub-limits apply) | Initial visit - \$33.50<br>Subsequent visit - \$22.90                                                                                 |

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|--------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Podiatry                       | 2  | \$400 per person<br>(combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), speech therapy & other services - <b>Sub-limits apply</b> ) | Initial visit - \$26.50<br>Subsequent visit - \$20.40 |
| Psychology                     | 2  | \$400 per person                                                                                                                                                                                                        | Initial visit - \$45.30<br>Subsequent visit - \$37.10 |
| Acupuncture                    | 2  | Combined limit - see Chiropractic                                                                                                                                                                                       | Initial visit - \$30.80<br>Subsequent visit - \$21.50 |
| Remedial massage               | 2  | Combined limit - see Chiropractic                                                                                                                                                                                       | Initial visit - \$20.00<br>Subsequent visit - \$20.00 |
| Hearing aids                   | 36 | \$1,000 per person<br>1 appliance(s) every 5 years                                                                                                                                                                      | Hearing aid - \$480.00                                |
| Blood glucose monitors         | 24 | (combined limit for hearing aids & blood glucose monitors - <b>Sub-limits apply</b> )                                                                                                                                   | Per monitor - \$150.00                                |
| Chinese medicine               | 2  | Combined limit - see Chiropractic                                                                                                                                                                                       | Initial visit - \$20.00<br>Subsequent visit - \$20.00 |
| Dietetics/dietary advice       | 2  | Combined limit - see Podiatry                                                                                                                                                                                           | Initial visit - \$25.20<br>Subsequent visit - \$20.40 |
| Exercise physiology*           | 2  | Combined limit - see Chiropractic                                                                                                                                                                                       | Initial visit - \$20.00<br>Subsequent visit - \$12.00 |
| Eye therapy (orthoptics)       | 2  | Combined limit - see Podiatry                                                                                                                                                                                           | Initial visit - \$22.90<br>Subsequent visit - \$20.40 |
| Occupational therapy           | 2  | Combined limit - see Podiatry                                                                                                                                                                                           | Initial visit - \$30.20<br>Subsequent visit - \$19.40 |
| Orthotics (podiatric orthoses) | 2  | Combined limit - see Podiatry                                                                                                                                                                                           | Orthotics supply & fit - 60% of charge                |
| Osteopathy                     | 2  | Combined limit - see Chiropractic                                                                                                                                                                                       | Initial visit - \$33.50<br>Subsequent visit - \$22.90 |
| Speech therapy                 | 2  | Combined limit - see Podiatry                                                                                                                                                                                           | Initial visit - \$34.60<br>Subsequent visit - \$21.50 |

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 Hearing aids and Blood glucose monitors. School accidents, for pre-school, primary and secondary school students only, 2 mth waiting period, fixed benefit, annual limit \$800, 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 **✗ does not include** General treatment (Extras) cover for

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

### Other features of this general treatment cover

Comprehensive hospital and extras cover in one convenient package. Rewards you with a PackageBonus to use towards approved health and membership expenses. Access to betterhealth Programs to help you better manage your health.

## 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](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.