

Private Health Information Statement - Combined policy

Silver Plus Security Comprehensive

Medibank Private Limited

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132331

Monthly Premium

\$441.20<sup>#</sup>

(before any rebate, loading or discount)

Covers only one person

Available in Tasmania

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>

Ⓡ 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                                    | ✓ 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       | ✓ Palliative care                                                                   |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ 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                  | Ⓡ Hospital psychiatric services                                                     |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |                                                                                     |

This policy ✗ does not include cover for

|                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth | ✗ Weight loss surgery |
|----------------------------------|-----------------------|-----------------------|

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 \$250 per admission. This is limited to a maximum of \$250 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.

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 periods applies to surgical tooth extraction. Exercise physiology benefit is \$21.50 for individual consultations and \$12.00 for group consultations. |                         |                                                                                                                                        |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                            | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                 | Examples of maximum benefits                                                                                                           |
| General dental*                                                                                                                                                                                                      | 2                       | No annual limit                                                                                                                        | Periodic oral examination - \$30.50<br>Scale & clean - \$51.20<br>Fluoride treatment - \$16.00<br>Surgical tooth extraction - \$126.50 |
| Major dental                                                                                                                                                                                                         | 12                      | \$1,000 per policy<br>(combined limit for major dental & endodontic)                                                                   | Full crown veneered - \$787.10                                                                                                         |
| Endodontic                                                                                                                                                                                                           | 12                      |                                                                                                                                        | Filling of one root canal - \$146.60                                                                                                   |
| Optical                                                                                                                                                                                                              | 6                       | \$250 per policy                                                                                                                       | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Physiotherapy                                                                                                                                                                                                        | 2                       | \$900 per policy<br>(combined limit for physiotherapy, chiropractic, podiatry, orthotics (podiatric orthoses) & osteopathy)            | Initial visit - \$47.90<br>Subsequent visit - \$40.70                                                                                  |
| Chiropractic                                                                                                                                                                                                         | 2                       |                                                                                                                                        | Initial visit - \$47.20<br>Subsequent visit - \$35.40                                                                                  |
| Podiatry                                                                                                                                                                                                             | 2                       |                                                                                                                                        | Initial visit - \$38.10<br>Subsequent visit - \$30.60                                                                                  |
| Psychology                                                                                                                                                                                                           | 0                       | \$800 per policy<br>(combined limit for psychology, hearing aids, blood glucose monitors, speech therapy & other services)             | Initial visit - \$105.89<br>Subsequent visit - \$87.69                                                                                 |
| Acupuncture                                                                                                                                                                                                          | 2                       | \$200 per policy<br>(combined limit for acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & other services) | Initial visit - \$38.60<br>Subsequent visit - \$30.00                                                                                  |
| Remedial massage                                                                                                                                                                                                     | 2                       | \$200 per policy                                                                                                                       | Initial visit - \$41.40<br>Subsequent visit - \$29.90                                                                                  |
| Hearing aids                                                                                                                                                                                                         | 36                      | Combined limit - see Psychology                                                                                                        | Hearing aid - \$800.00                                                                                                                 |

|                                |    |                                    |                                                       |
|--------------------------------|----|------------------------------------|-------------------------------------------------------|
| Blood glucose monitors         | 24 | Combined limit - see Psychology    | Per monitor - \$800.00                                |
| Chinese medicine               | 2  | Combined limit - see Acupuncture   | Initial visit - \$21.50<br>Subsequent visit - \$21.50 |
| Dietetics/dietary advice       | 2  | Combined limit - see Acupuncture   | Initial visit - \$54.00<br>Subsequent visit - \$29.80 |
| Exercise physiology*           | 2  | Combined limit - see Acupuncture   | Initial visit - \$21.50<br>Subsequent visit - \$12.00 |
| Orthotics (podiatric orthoses) | 2  | Combined limit - see Physiotherapy | Orthotics supply & fit - 70% of charge                |
| Osteopathy                     | 2  | Combined limit - see Physiotherapy | Initial visit - \$47.20<br>Subsequent visit - \$35.40 |
| Speech therapy                 | 2  | Combined limit - see Psychology    | Initial visit - \$56.50<br>Subsequent visit - \$38.10 |

Health appliances and external prostheses 24mth waiting period, Breathing appliances 12 mth waiting period, Blood pressure monitor 24 mth waiting period, fixed benefits, sublimits and benefit replacement periods apply share combined annual limit with Psychology. –Health subscriptions, 2 mth waiting period, annual limit \$100 - MembershipBonus, 6 mth waiting period, starts at \$50 per single/ \$100 per couple membership 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

**✗** Non PBS pharmaceuticals

**✗** Orthodontic

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

### Other features of this general treatment cover

Wide range of extras cover for things like optical and major dental, with increasing annual limits for things like physio, chiro and podiatry. Includes an annual Membership Bonus to use towards extras and other approved services.

## 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.