

Private Health Information Statement - Combined policy

Basic Plus MyOptions

Medibank Private Limited
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Monthly Premium

\$132.25 #

(before any rebate, loading or discount)

Covers only one person
Available in Northern Territory
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>

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

| | | |
|-------------------------|----------------------------------|------------------|
| ✓ Dental surgery | ✓ Tonsils, adenoids and grommets | R Rehabilitation |
| ✓ Hernia and appendix | R Hospital psychiatric services | |
| ✓ Joint reconstructions | R Palliative care | |

This policy **✗ does not include** cover for

| | | |
|---|-----------------------------------|---|
| ✗ Assisted reproductive services | ✗ Ear, nose and throat | ✗ Miscarriage and termination of pregnancy |
| ✗ Back, neck and spine | ✗ Eye (not cataracts) | ✗ Pain management |
| ✗ Blood | ✗ Gastrointestinal endoscopy | ✗ Pain management with device |
| ✗ Bone, joint and muscle | ✗ Gynaecology | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Brain and nervous system | ✗ Heart and vascular system | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Breast surgery (medically necessary) | ✗ Implantation of hearing devices | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Insulin pumps | ✗ Skin |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Diabetes management (excluding insulin pumps) | ✗ Kidney and bladder | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Lung and chest | |
| ✗ Digestive system | ✗ 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](https://privatehealth.gov.au/dynamic/agreementhospitals) 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: No excess

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.medicareaustralia.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 dental extractions.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|---|---|
| General dental* | 2 | No annual limit (combined limit for general dental & endodontic - Sub-limits apply) | Periodic oral examination - \$20.10 Scale & clean - \$38.30 Fluoride treatment - \$16.10 Surgical tooth extraction - \$50.60 |
| Major dental | 12 | \$350 per policy (combined limit for major dental, orthodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, acupuncture, remedial massage & osteopathy - Sub-limits apply) \$2,400 lifetime limit for Orthodontic | Full crown veneered - \$510.00 |
| Endodontic | 12 | Combined limit - see General dental | Filling of one root canal - \$85.00 |
| Orthodontic | 12 | Combined limit - see Major dental | Braces for upper & lower teeth, including removal plus fitting of retainer - \$350.00 |
| Optical | 6 | \$200 per policy (Sub-limits apply) | Single vision lenses & frames - \$120.00 Multi-focal lenses & frames - \$180.00 |
| Non PBS pharmaceuticals | 2 | Combined limit - see Major dental | Per eligible prescription - \$30.60 |
| Physiotherapy | 2 | Combined limit - see Major dental | Initial visit - \$32.90 Subsequent visit - \$23.00 |
| Chiropractic | 2 | Combined limit - see Major dental | Initial visit - \$33.50 Subsequent visit - \$19.80 |
| Acupuncture | 2 | Combined limit - see Major dental | Initial visit - \$27.10 Subsequent visit - \$15.80 |
| Remedial massage | 2 | Combined limit - see Major dental | Initial visit - \$20.00 Subsequent visit - \$20.00 |

This product includes a Flexi-bonus which starts at \$100 per member and increases by \$25 per calendar year to a maximum of \$200. The Flexi-Bonus can be used to top up your benefits on the extras services listed above or pay towards consultations for exercise physiology and Chinese medicine. Benefits are subject to available Flexi-Bonus limit. Contact Medibank or check cover summary for details.

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

| | | |
|---------------------------------|---------------------|---|
| X Blood glucose monitors | X Podiatry | X Other treatments - check with your insurer |
| X Hearing aids | X Psychology | |

Other features of this general treatment cover

Hospital and extras package for young singles and couples. Top up your annual limits with Flexi-Bonus.

Ambulance cover

In Northern Territory 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.