

# Private Health Information Statement - Hospital policy

| Medibank Silver Plus Assured                                                                                                                                                   |                                                                                                   |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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>\$399.10<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers 2 adults (and no-one else)</b><br><b>Available in NSW &amp; ACT</b><br><b>Closed to new members</b> |

<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.

**X Not Covered**  
These categories are not covered by this policy.

This policy **✓ includes** cover for

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

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

|                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| X Assisted reproductive services      | X Joint replacements          | X Weight loss surgery |
| X Cataracts                           | X Pain management with device |                       |
| X Dialysis for chronic kidney failure | X Pregnancy and birth         |                       |

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.

**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

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. This cover also pays benefits towards the cost of a CPAP device. Please refer to your Medibank Member Guide for more information.

## Ambulance cover

In NSW & ACT 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.