



Medibank Private Limited  
Growing Family 70

**\$67.50 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

**This policy covers:** Only one person.

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/#/>.

Policy ID: MBP/I85/TFZS10

Source: Private Health Information Statement (PHIS).

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \*: A 12 month waiting period applies for surgical tooth extraction. Exercise physiology benefits are \$21.50 for an individual consultation and \$12.00 for group consultations.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                  | Examples of maximum benefits                                                                           |
|-------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$250 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage                                                                                                                   | <ul style="list-style-type: none"><li>Initial visit: \$38.6</li><li>Subsequent visit: \$30</li></ul>   |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul>     |
| ✓ Blood glucose monitors            | 24 | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"><li>Per monitor: 100% of charge</li></ul>                            |
| ✓ Chinese medicine                  | 2  | <b>\$250 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage                                                                                                                   | <ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$21.5</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, osteopathy, physiotherapy & podiatry                                                                                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$47.2</li><li>Subsequent visit: \$35.4</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$54</li><li>Subsequent visit: \$29.8</li></ul>   |

|                                  |    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                        |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                     | 12 | <b>\$800 per policy</b><br>combined limit for endodontic & major dental                                                                                                                                                               | <ul style="list-style-type: none"> <li>Filling of one root canal: \$146.6</li> </ul>                                                                                                                   |
| ✓ Exercise physiology*           | 2  | <b>\$250 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$21.5</li> <li>Subsequent visit: \$12</li> </ul>                                                                                                |
| ✓ General dental*                | 2  | <b>\$1,000 per policy</b>                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Fluoride treatment: \$16.7</li> <li>Scale &amp; clean: \$51.2</li> <li>Surgical tooth extraction: \$126.5</li> <li>Periodic oral examination: \$30.5</li> </ul> |
| ✓ Major dental*                  | 12 | <b>\$800 per policy</b><br>combined limit for endodontic & major dental                                                                                                                                                               | <ul style="list-style-type: none"> <li>Full crown veneered: \$787.1</li> </ul>                                                                                                                         |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"> <li>Per eligible prescription: \$31</li> </ul>                                                                                                                      |
| ✓ Optical                        | 6  | <b>\$225 per policy</b>                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                                           |
| ✓ Orthodontic                    | 12 | <b>\$200 per policy</b><br>\$2,400 lifetime limit                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>                                                       |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                                                            |
| ✓ Osteopathy                     | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, osteopathy, physiotherapy & podiatry                                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$47.2</li> <li>Subsequent visit: \$35.4</li> </ul>                                                                                              |
| ✓ Physiotherapy                  | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, osteopathy, physiotherapy & podiatry                                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$47.9</li> <li>Subsequent visit: \$40.7</li> </ul>                                                                                              |
| ✓ Podiatry                       | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, osteopathy, physiotherapy & podiatry                                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$38.1</li> <li>Subsequent visit: \$30.6</li> </ul>                                                                                              |
| ✓ Psychology                     | 0  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$105.89</li> <li>Subsequent visit: \$87.69</li> </ul>                                                                                           |
| ✓ Remedial massage               | 2  | <b>\$250 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$41.4</li> <li>Subsequent visit: \$29.9</li> </ul>                                                                                              |
| ✓ Speech therapy                 | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, blood glucose monitors, dietetics/dietary advice, non pbs pharmaceuticals, orthotics (podiatric orthoses), psychology, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$56.5</li> <li>Subsequent visit: \$38.1</li> </ul>                                                                                              |

Health appliances and external prostheses, 2 mth waiting period, fixed benefits apply. - Pregnancy compression garments 2 mth waiting period, \$60 per garment Benefit replacement period of 24 mths. -Tens machines, 2 mth waiting period, hired device \$50 and purchased device \$100. Benefit replacement period of 36 mths. -Australian Breastfeeding Assoc. membership, 2 mth waiting period, \$50. -Breathing appliances, 12 month waiting period, fixed benefit applies. - Blood pressure monitor 24 months waiting period, fixed benefit applies. All services form part of the \$1,000 combined annual limit for antenatal, dietetics, psychology, speech therapy, non-PBS Pharmaceuticals. Provider recognition rules apply. -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**

- |                            |                                         |                        |
|----------------------------|-----------------------------------------|------------------------|
| ✗ Audiology                | ✗ Health management / Healthy lifestyle | ✗ Home nursing         |
| ✗ Eye therapy (orthoptics) | ✗ Hearing aids                          | ✗ Occupational therapy |
|                            |                                         | ✗ Vaccinations         |

**Other features of this general treatment cover:** Benefits for antenatal and postnatal services including birthing courses and lactation consultations with a midwife registered with LANCZ or in private practice. Plus benefits towards pregnancy compression garments, TENS machines and membership of the Australian Breastfeeding Association.

## 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).

## Insurer Details



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Call now  **132331**  
Sponsor link

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 <http://medibank.com.au>

 [ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)

 **132331**

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