



Medibank Private Limited  
Gold Premier

**\$1,237.40 / 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 a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: Medibank considers a child dependant to be aged up to 21.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: MBP/J1/TBPW2Y

Source: [Private Health Information Statement \(PHIS\)](#).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy includes 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                     | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts                                               | ✓ Hospital psychiatric services   | ✓ Pregnancy and birth                                            |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ 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) 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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

##### Other features of this hospital cover

Comprehensive cover. No Excess or Co-payments required. Private Room Promise for pre-booked admissions at a Members Choice hospital.

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/J1/TBPW2Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: 12 mth waiting period applies to surgical dental extraction.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                          | Examples of maximum benefits                                                                               |
|-------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$39.4</li><li>• Subsequent visit: \$28.6</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors, hearing aids & other services<br>sub-limits apply                     | <ul style="list-style-type: none"><li>• Per monitor: \$180</li></ul>                                       |

|                            |    |                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
|----------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chinese medicine         | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                                                                               |
| ✓ Chiropractic             | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$30.5</li> </ul>                                                                                             |
| ✓ Dietetics/dietary advice | 2  | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.6</li> <li>Subsequent visit: \$25.2</li> </ul>                                                                                           |
| ✓ Endodontic               | 12 | <b>\$400 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Filling of one root canal: \$97.6</li> </ul>                                                                                                                 |
| ✓ Exercise physiology      | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                                                                               |
| ✓ Eye therapy (orthoptics) | 2  | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$30.6</li> <li>Subsequent visit: \$24.5</li> </ul>                                                                                           |
| ✓ General dental*          | 2  | <b>No annual limit</b><br>sub-limits apply                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Fluoride treatment: \$17</li> <li>Scale &amp; clean: \$60.8</li> <li>Surgical tooth extraction: \$70.1</li> <li>Periodic oral examination: \$38.3</li> </ul> |
| ✓ Hearing aids             | 36 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors, hearing aids & other services<br>sub-limits apply                                                                                             | <ul style="list-style-type: none"> <li>Hearing aid: \$640</li> </ul>                                                                                                                                |
| ✓ Major dental             | 12 | <b>\$2,000 per person</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                                                                                                                        | <ul style="list-style-type: none"> <li>Full crown veneered: \$640</li> </ul>                                                                                                                        |
| ✓ Non PBS pharmaceuticals  | 2  | <b>\$600 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Per eligible prescription: \$40.7</li> </ul>                                                                                                                 |
| ✓ Occupational therapy     | 2  | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$38.6</li> <li>Subsequent visit: \$23.4</li> </ul>                                                                                           |
| ✓ Optical                  | 6  | <b>\$250 per person</b><br>sub-limits apply                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$210</li> <li>Single vision lenses &amp; frames: \$145</li> </ul>                                                          |
| ✓ Orthodontic              | 12 | <b>\$2,000 per person</b><br>\$2,400 lifetime limit<br>combined limit for major dental & orthodontic                                                                                                                  | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$400</li> </ul>                                                             |

|                                  |   |                                                                                                                                                                                                                       |                                                                                                              |
|----------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses) | 2 | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                  |
| ✓ Osteopathy                     | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$30.5</li> </ul>      |
| ✓ Physiotherapy                  | 2 | <b>\$700 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$30.6</li> </ul>      |
| ✓ Podiatry                       | 2 | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.6</li> <li>Subsequent visit: \$23.4</li> </ul>    |
| ✓ Psychology                     | 2 | <b>\$400 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$105.89</li> <li>Subsequent visit: \$87.69</li> </ul> |
| ✓ Remedial massage               | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage                                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>        |
| ✓ Speech therapy                 | 2 | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$44.5</li> <li>Subsequent visit: \$28.6</li> </ul>    |

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**

- |                                 |                                         |                |
|---------------------------------|-----------------------------------------|----------------|
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Home nursing |
| ✗ Audiology                     |                                         | ✗ Vaccinations |

**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.

#### 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

**medibank**  
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Call now  132331 Sponsor link

**Medibank Private Limited**

 <http://medibank.com.au>

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

 132331

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