

medibank

**Medibank Private Limited**  
**Medibank Silver Plus Families****\$507.70 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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: MBPJ100/DJIL2Y****Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Pain management with device |                       |
| ✗ Dialysis for chronic kidney failure | ✗ 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 \$250 per admission. This is limited to a maximum of \$250 per person per year.

Excess payments do not apply to hospital admissions for dependants.

**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 (<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

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.

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: MBPJ100/DJIL2Y 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 to surgical tooth extraction. Orthodontics has a \$400 opening balance then a top up of \$200 per year up to a \$1200 lifetime limit.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                      | Examples of maximum benefits                                                                               |
|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"><li>• Initial visit: \$30.8</li><li>• Subsequent visit: \$29.4</li></ul> |

|                                         |    |                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Blood glucose monitors</b>         | 24 | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Per monitor: 100% of charge</li> </ul>                                                                                                                          |
| ✓ <b>Chinese medicine</b>               | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$16</li> <li>Subsequent visit: \$16</li> </ul>                                                                                                  |
| ✓ <b>Chiropractic</b>                   | 2  | <b>\$400 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$39.3</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                |
| ✓ <b>Dietetics/dietary advice</b>       | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$44.1</li> <li>Subsequent visit: \$22.6</li> </ul>                                                                                              |
| ✓ <b>Endodontic</b>                     | 12 | <b>\$400 per person</b><br>combined limit for endodontic & major dental                                                                                                                                                   | <ul style="list-style-type: none"> <li>Filling of one root canal: \$117.5</li> </ul>                                                                                                                   |
| ✓ <b>Exercise physiology</b>            | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$16</li> <li>Subsequent visit: \$16</li> </ul>                                                                                                  |
| ✓ <b>General dental*</b>                | 2  | <b>\$500 per person</b>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Fluoride treatment: \$12.8</li> <li>Scale &amp; clean: \$52.9</li> <li>Surgical tooth extraction: \$122.2</li> <li>Periodic oral examination: \$35.7</li> </ul> |
| ✓ <b>Major dental</b>                   | 12 | <b>\$400 per person</b><br>combined limit for endodontic & major dental                                                                                                                                                   | <ul style="list-style-type: none"> <li>Full crown veneered: \$500</li> </ul>                                                                                                                           |
| ✓ <b>Optical</b>                        | 6  | <b>\$200 per person</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>                                           |
| ✓ <b>Orthodontic</b>                    | 12 | <b>\$400 per person</b>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>                                                       |
| ✓ <b>Orthotics (podiatric orthoses)</b> | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 55% of charge</li> </ul>                                                                                                            |
| ✓ <b>Osteopathy</b>                     | 2  | <b>\$400 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$39.3</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                |
| ✓ <b>Physiotherapy</b>                  | 2  | <b>\$400 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$43.3</li> <li>Subsequent visit: \$35.6</li> </ul>                                                                                              |

|                           |   |                                                                                                                                                                                                                           |                                                                                                              |
|---------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| ✓ <b>Podiatry</b>         | 2 | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$33.3</li> <li>Subsequent visit: \$27.4</li> </ul>    |
| ✓ <b>Psychology</b>       | 0 | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$110.89</li> <li>Subsequent visit: \$96.42</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$100 per person</b>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$45.2</li> <li>Subsequent visit: \$35.2</li> </ul>    |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$200 per person</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$57.8</li> <li>Subsequent visit: \$33.8</li> </ul>    |

- Health appliance and external prostheses, (contact Medibank for further information) Part of combined limit with Podiatry, 2 mth waiting period, fixed amount back per item up to annual limit. - Blood pressure monitor (24 mth waiting period) and Breathing appliances (12 mth waiting period) Part of combined limit with Podiatry 100% up to annual limit. - Health subscriptions (refer to Medibank for approved organisations) Part of combined limit with Podiatry, 2 mth waiting period, 100% per subscription up to annual limit. - Health screening tests (where no Medicare benefit is payable) \$200 per annum, 2 mth waiting period, 100% per test up to annual limit. Refer to Medibank for approved screening tests. - Private hospital accident and emergency facility fees payable for Child or Student Dependant only, \$250 per annum, 2 mth waiting period, 100% back up to annual limit. - 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 | ✗ Non PBS pharmaceuticals |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Occupational therapy    |
| ✗ Eye therapy (orthoptics)      | ✗ Home nursing                          | ✗ Vaccinations            |

## Ambulance cover

In NT 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.

## Insurer Details

**medibank**

**Medibank Private Limited**

Medibank Silver Plus Families

**\$507.70 / month**

(Before Rebate, Discount & Loading)

Available in NT

Call now  132331 Sponsor link

**Medibank Private Limited**

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