



**Medibank Private Limited**  
**Gold Advantage**

**\$1,116.80 / month**

(Before Rebate, Discount & Loading)

Available in VIC

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/J1A/VJVB2Y

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

## Hospital Cover

✓ Covered

✗ 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:** You will have to pay an excess of \$200 per admission. This is limited to a maximum of \$750 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
- 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

One of Medibank Privates most comprehensive covers. No restricted services. No excess for Children.

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/J1A/VJB2Y 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 surgical dental extraction. Exercise physiology benefits are \$20 per individual consultation and \$12 per group consultation.

| 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<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$27.7</li><li>• Subsequent visit: \$17.7</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors & hearing aids<br>sub-limits apply                                                         | <ul style="list-style-type: none"><li>• Per monitor: \$150</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: \$20</li> <li>Subsequent visit: \$20</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: \$41.2</li> <li>Subsequent visit: \$18.6</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: \$27.1</li> <li>Subsequent visit: \$15.8</li> </ul>                                                                                             |
| ✓ Endodontic               | 12 | <b>\$400 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Filling of one root canal: \$64.1</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: \$20</li> <li>Subsequent visit: \$12</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: \$14.8</li> <li>Subsequent visit: \$10.2</li> </ul>                                                                                             |
| ✓ General dental*          | 2  | <b>No annual limit</b><br>sub-limits apply                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Fluoride treatment: \$17.2</li> <li>Scale &amp; clean: \$47.4</li> <li>Surgical tooth extraction: \$66.1</li> <li>Periodic oral examination: \$33.9</li> </ul> |
| ✓ Hearing aids             | 36 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors & hearing aids<br>sub-limits apply                                                                                                             | <ul style="list-style-type: none"> <li>Hearing aid: \$600</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: \$510</li> </ul>                                                                                                                          |
| ✓ Non PBS pharmaceuticals  | 2  | <b>\$600 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Per eligible prescription: \$30.6</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: \$30.5</li> <li>Subsequent visit: \$18</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: \$189</li> <li>Single vision lenses &amp; frames: \$129</li> </ul>                                                            |
| ✓ Orthodontic              | 12 | <b>\$2,000 per person</b><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: 60% 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: \$41.2</li> <li>Subsequent visit: \$18.6</li> </ul>    |
| ✓ Physiotherapy                  | 2 | <b>\$700 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$32.9</li> <li>Subsequent visit: \$21.7</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: \$36.4</li> <li>Subsequent visit: \$17.7</li> </ul>    |
| ✓ Psychology                     | 2 | <b>\$400 per person</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$113.71</li> <li>Subsequent visit: \$94.17</li> </ul> |
| ✓ Remedial massage               | 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: \$30</li> <li>Subsequent visit: \$30</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: \$49.1</li> <li>Subsequent visit: \$23.6</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. Access to betterhealth Programs to help you better manage your health.

Ambulance cover

In VIC 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**  
Gold Advantage

**\$1,116.80 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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#### Medibank Private Limited

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