



**Medibank Private Limited**  
**Silver Plus Smart Options**

**\$718.30 / 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 (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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/J2/TBTE2D

**Source:** Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy **includes** cover for

- |                                                           |                                            |                                                                  |
|-----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)                      | ✓ Pain management                                                |
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy               | ✓ Pain management with device                                    |
| ✓ 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) |
| ✓ Breast surgery (medically necessary)                    | ✓ 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                                                  |
| ✓ Digestive system                                        | ✓ Kidney and bladder                       | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Ear, nose and throat                                    | ✓ Lung and chest                           | ✓ Weight loss surgery                                            |
|                                                           | ✓ Male reproductive system                 |                                                                  |
|                                                           | ✓ Miscarriage and termination of pregnancy |                                                                  |

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

- |             |                                       |                      |
|-------------|---------------------------------------|----------------------|
| ✗ Cataracts | ✗ Dialysis for chronic kidney failure | ✗ Joint replacements |
|-------------|---------------------------------------|----------------------|

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.

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

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. Please see 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: MBP/J2/TBTE2D 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 tooth extraction. Exercise physiology benefit is \$20 for individual consultations and \$10 for group consultations.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                                                                                                                                                                                  | Examples of maximum benefits                                                                               |
|-------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services | <ul style="list-style-type: none"><li>• Initial visit: \$30.8</li><li>• Subsequent visit: \$21.5</li></ul> |

|                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
|----------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors   | 24 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Per monitor: \$150</li> </ul>                                      |
| ✓ Chinese medicine         | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>     |
| ✓ Chiropractic             | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.5</li> <li>Subsequent visit: \$22.9</li> </ul> |
| ✓ Dietetics/dietary advice | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$25.2</li> <li>Subsequent visit: \$20.4</li> </ul> |
| ✓ Endodontic               | 12 | <b>\$800 per person</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Filling of one root canal: \$73.2</li> </ul>                       |
| ✓ Exercise physiology*     | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$10</li> </ul>     |
| ✓ Eye therapy (orthoptics) | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$22.9</li> <li>Subsequent visit: \$20.4</li> </ul> |

|                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental*                | 2  | <b>\$800 per person</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Fluoride treatment: \$15</li> <li>Scale &amp; clean: \$37</li> <li>Surgical tooth extraction: \$53.9</li> <li>Periodic oral examination: \$20.7</li> </ul> |
| ✓ Hearing aids                   | 36 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Hearing aid: \$300</li> </ul>                                                                                                                              |
| ✓ Major dental                   | 12 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Full crown veneered: \$300</li> </ul>                                                                                                                      |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$300 per person</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Per eligible prescription: \$35.6</li> </ul>                                                                                                               |
| ✓ Occupational therapy           | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$30.2</li> <li>Subsequent visit: \$19.4</li> </ul>                                                                                         |
| ✓ Optical                        | 6  | <b>\$225 per person</b><br>sub-limits apply                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$180</li> <li>Single vision lenses &amp; frames: \$120</li> </ul>                                                        |
| ✓ Orthodontic                    | 12 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$300</li> </ul>                                                           |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                                                                                       |

|                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|--------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Osteopathy       | 2 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$33.5</li> <li>Subsequent visit: \$22.9</li> </ul>  |
| ✓ Physiotherapy    | 2 | <b>\$300 per person</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$33.5</li> <li>Subsequent visit: \$23</li> </ul>    |
| ✓ Podiatry         | 2 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$26.5</li> <li>Subsequent visit: \$20.4</li> </ul>  |
| ✓ Psychology       | 0 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$94.99</li> <li>Subsequent visit: \$82.6</li> </ul> |
| ✓ Remedial massage | 2 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>      |
| ✓ Speech therapy   | 2 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, major dental, occupational therapy, orthodontic, orthotics (podiatric orthoses), osteopathy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$34.6</li> <li>Subsequent visit: \$21.5</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 Major dental. - 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 |

## 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****Medibank Private Limited**

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