



Medibank Private Limited  
Silver Plus Settled Families Comprehensive

**\$692.60 / 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:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

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: MBPJ26/TLGN1Y

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)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ 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                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |
| ✗ Cataracts                      | ✗ Joint replacements                  | ✗ Weight loss surgery |

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 \$750 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
- 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/J26/TLGN1Y 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. Benefit for exercise physiology is \$21.50 for individual consultations and \$12.00 for group consultations. Orthodontics has an \$800 opening balance then a top up of \$400 per year up to a \$2400 lifetime limit.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                      | Examples of maximum benefits                                                                             |
|-------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$500 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 & other services | <ul style="list-style-type: none"><li>• Initial visit: \$38.6</li><li>• Subsequent visit: \$30</li></ul> |

|                                  |    |                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors         | 24 | <b>\$500 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 & other services | <ul style="list-style-type: none"> <li>Per monitor: 100% of charge</li> </ul>                                                                                                                          |
| ✓ Chinese medicine               | 2  | <b>\$500 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 & other services | <ul style="list-style-type: none"> <li>Initial visit: \$21.5</li> <li>Subsequent visit: \$21.5</li> </ul>                                                                                              |
| ✓ Chiropractic                   | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$47.2</li> <li>Subsequent visit: \$35.4</li> </ul>                                                                                              |
| ✓ Dietetics/dietary advice       | 2  | <b>\$500 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 & 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 person</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>\$500 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 & other services | <ul style="list-style-type: none"> <li>Initial visit: \$21.5</li> <li>Subsequent visit: \$12</li> </ul>                                                                                                |
| ✓ General dental*                | 2  | <b>No annual limit</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 person</b><br>combined limit for endodontic & major dental                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Full crown veneered: \$787.1</li> </ul>                                                                                                                         |
| ✓ Optical                        | 6  | <b>\$250 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>                                           |
| ✓ Orthodontic                    | 12 | <b>\$800 per person</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>\$500 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 & other services | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                                                            |
| ✓ Osteopathy                     | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$47.2</li> <li>Subsequent visit: \$35.4</li> </ul>                                                                                              |
| ✓ Physiotherapy                  | 2  | <b>\$600 per person</b>                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$47.9</li> <li>Subsequent visit: \$40.7</li> </ul>                                                                                              |

|                           |   |                                                                                                                                                                                                                                           |                                                                                                              |
|---------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| ✓ <b>Podiatry</b>         | 2 | <b>\$500 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 & other services | <ul style="list-style-type: none"> <li>Initial visit: \$38.1</li> <li>Subsequent visit: \$30.6</li> </ul>    |
| ✓ <b>Psychology</b>       | 0 | <b>\$500 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 & other services | <ul style="list-style-type: none"> <li>Initial visit: \$105.89</li> <li>Subsequent visit: \$87.69</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$200 per person</b>                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$41.4</li> <li>Subsequent visit: \$29.9</li> </ul>    |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$500 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 & 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 2mth waiting period, Breathing appliances 12 mth waiting period, Blood pressure monitor 24 mth waiting period, Health subscriptions 2mth waiting period, Health screening tests 2mth waiting periods, fixed benefits, sublimits and benefit replacement periods apply share combined annual limit with Podiatry (contact Medibank for further information). – Private hospital accident and emergency fees, 2mth waiting period applies to child and student dependants only, annual limit \$250. – MembershipBonus, 6 mth waiting period, starts at \$100 per membership 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 | ✗ Non PBS pharmaceuticals |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Occupational therapy    |
| ✗ Eye therapy (orthoptics)      | ✗ Home nursing                          | ✗ Vaccinations            |

**Other features of this general treatment cover:** Cover for extras services that older families are more likely to need such as orthodontics. Plus on some extras services we increase the amount you can claim back each year to a maximum of 5 years. You'll also get a \$100 annual membership bonus to use towards your extras and other approved services.

## 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 Private Limited**

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**\$692.60 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

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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