

medibank

**Medibank Private Limited**  
**Medibank Basic Everyday Starter****\$133.30 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

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:** Only one person.

- 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:** MBPJ27/WJNV10**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

R Hospital psychiatric services

R Palliative care

R Rehabilitation

**This policy does not include cover for**

✗ Assisted reproductive services

✗ Digestive system

✗ Male reproductive system

✗ Back, neck and spine

✗ Ear, nose and throat

✗ Miscarriage and termination of pregnancy

✗ Blood

✗ Eye (not cataracts)

✗ Pain management

✗ Bone, joint and muscle

✗ Gastrointestinal endoscopy

✗ Pain management with device

✗ Brain and nervous system

✗ Gynaecology

✗ Plastic and reconstructive surgery (medically necessary)

✗ Breast surgery (medically necessary)

✗ Heart and vascular system

✗ Podiatric surgery (provided by a registered podiatric surgeon)

✗ Cataracts

✗ Hernia and appendix

✗ Pregnancy and birth

✗ Chemotherapy, radiotherapy and immunotherapy for cancer

✗ Implantation of hearing devices

✗ Skin

✗ Dental surgery

✗ Insulin pumps

✗ Sleep studies

✗ Diabetes management (excluding insulin pumps)

✗ Joint reconstructions

✗ Tonsils, adenoids and grommets

✗ Dialysis for chronic kidney failure

✗ Kidney and bladder

✗ Weight loss surgery

✗ Lung and chest

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](http://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.

**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**

For accidents that occur after joining this cover services which are normally Excluded or Restricted will be treated as included services where treatment is required for injuries sustained in an accident .

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: MBPJ27/WJNV10 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

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                     | Examples of maximum benefits                                                                               |
|-------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$34.8</li><li>• Subsequent visit: \$28.4</li></ul> |
| ✓ Chinese medicine                  | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$16</li><li>• Subsequent visit: \$16</li></ul>     |
| ✓ Chiropractic                      | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$38.2</li><li>• Subsequent visit: \$26.4</li></ul> |
| ✓ Dietetics/dietary advice          | 0 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$40.3</li><li>• Subsequent visit: \$22.3</li></ul> |

|                              |   |                                                                                                                                                          |                                                                                                                                                                                                     |
|------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Exercise physiology</b> | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$16</li> <li>Subsequent visit: \$16</li> </ul>                                                                                               |
| ✓ <b>General dental*</b>     | 2 | <b>\$300 per policy</b>                                                                                                                                  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$12.8</li> <li>Scale &amp; clean: \$43.6</li> <li>Surgical tooth extraction: \$90.6</li> <li>Periodic oral examination: \$23</li> </ul> |
| ✓ <b>Optical</b>             | 6 | <b>\$150 per policy</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>Physiotherapy</b>       | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$37.1</li> <li>Subsequent visit: \$32.1</li> </ul>                                                                                           |
| ✓ <b>Remedial massage</b>    | 2 | <b>\$100 per policy</b>                                                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$37.8</li> <li>Subsequent visit: \$25.5</li> </ul>                                                                                           |

**This policy does not include General treatment (Extras) cover for**

- |                                         |                           |                                  |
|-----------------------------------------|---------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes         | ✗ Hearing aids            | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                             | ✗ Home nursing            | ✗ Osteopathy                     |
| ✗ Blood glucose monitors                | ✗ Major dental            | ✗ Podiatry                       |
| ✗ Endodontic                            | ✗ Non PBS pharmaceuticals | ✗ Psychology                     |
| ✗ Eye therapy (orthoptics)              | ✗ Occupational therapy    | ✗ Speech therapy                 |
| ✗ Health management / Healthy lifestyle | ✗ Orthodontic             | ✗ Vaccinations                   |

**Other features of this general treatment cover:** Great product combining cover for accidents along with some extras including a 100% back on a dental check up, excluding x-rays, when you visit a Members' Choice dentist.

## Ambulance cover

In WA 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**

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