

medibank

Medibank Private Limited
Silver Plus Everyday Comprehensive**\$598.50 / month**
(Before Rebate, Discount & Loading)
Available in NSW & ACT

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 (and no-one else).

- 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/J29/NLCA20**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 | R 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 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

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: MBPJ29/NLCA20 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 removal. Exercise physiology benefits are \$21.50 for individual consultations and \$12.00 for group consultations.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none">• Initial visit: \$33• Subsequent visit: \$23
✓ Chinese medicine	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none">• Initial visit: \$21.5• Subsequent visit: \$21.5
✓ Chiropractic	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none">• Initial visit: \$52.5• Subsequent visit: \$36.1

✓ Dietetics/dietary advice	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Initial visit: \$52.5 Subsequent visit: \$29
✓ Endodontic	12	\$500 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Filling of one root canal: \$123.6
✓ Exercise physiology*	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Initial visit: \$21.5 Subsequent visit: \$12
✓ General dental*	2	\$750 per person	<ul style="list-style-type: none"> Fluoride treatment: \$16.7 Scale & clean: \$50 Surgical tooth extraction: \$125 Periodic oral examination: \$27.6
✓ Major dental	12	\$500 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Full crown veneered: \$500
✓ Optical	6	\$225 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthotics (podiatric orthoses)	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Orthotics supply & fit: 70% of charge
✓ Osteopathy	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Initial visit: \$52.5 Subsequent visit: \$36.1
✓ Physiotherapy	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Initial visit: \$47.9 Subsequent visit: \$40
✓ Podiatry	2	\$600 per person combined limit for acupuncture, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry	<ul style="list-style-type: none"> Initial visit: \$39 Subsequent visit: \$33.3
✓ Remedial massage	2	\$200 per person	<ul style="list-style-type: none"> Initial visit: \$44.3 Subsequent visit: \$29.9

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

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

Ambulance cover

In NSW & ACT 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**

Silver Plus Everyday Comprehensive

\$598.50 / month

(Before Rebate, Discount & Loading)

Available in NSW & ACT

Call now  132331 Sponsor link**Medibank Private Limited** <http://medibank.com.au> ask_us@medibank.com.au 132331

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence. Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/MBPJ29/NLCA20>