



**Medibank Private Limited**  
**Bronze Plus Healthy Options**

**\$373.00 / 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:** One adult & dependants (2 or more people, only one of whom is an adult).

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/J3/NBUG1D

**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                                | ✓ Hernia and appendix             | ✓ Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | R Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | R 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        |                                                                  |

**This policy does not include cover for**

- |                                       |                             |                                                            |
|---------------------------------------|-----------------------------|------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Cataracts                           | ✗ Joint replacements        | ✗ Pregnancy and birth                                      |
| ✗ Dialysis for chronic kidney failure |                             |                                                            |

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
- 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.

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/J3/NBUG1D 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 dental extractions.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                       | Examples of maximum benefits                                                                                                                                                                       |
|-------------------------------------|----|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                        | 12 | <b>\$500 per person</b><br>combined limit for endodontic & general dental sub-limits apply | <ul style="list-style-type: none"><li>• Filling of one root canal: \$85.5</li></ul>                                                                                                                |
| ✓ General dental*                   | 2  | <b>\$500 per person</b><br>combined limit for endodontic & general dental sub-limits apply | <ul style="list-style-type: none"><li>• Fluoride treatment: \$22</li><li>• Scale &amp; clean: \$38</li><li>• Surgical tooth extraction: \$74</li><li>• Periodic oral examination: \$33.7</li></ul> |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$300 per person</b>                                                                    | <ul style="list-style-type: none"><li>• Per eligible prescription: \$31.1</li></ul>                                                                                                                |
| ✓ Optical                           | 6  | <b>\$200 per person</b><br>sub-limits apply                                                | <ul style="list-style-type: none"><li>• Multi-focal lenses &amp; frames: \$195</li><li>• Single vision lenses &amp; frames: \$135</li></ul>                                                        |

✓ **Physiotherapy**      2      **\$300 per person**

- Initial visit: \$43.4
- Subsequent visit: \$24.2

PackageBonus, 6 mth waiting period, starts at \$50 for singles and \$100 for a couple or family membership per year. For further information contact Medibank and refer to your cover summary.

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Osteopathy                     |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Major dental                          | ✗ Remedial massage               |
| ✗ Chiropractic                  | ✗ Occupational therapy                  | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      | ✗ Orthodontic                           | ✗ Vaccinations                   |
| ✗ Exercise physiology           |                                         |                                  |

**Other features of this general treatment cover:** Hospital and extras package. Rewards you with a PackageBonus to use towards approved health and membership expenses. Access to betterhealth Programs to help keep you healthy. A 12 mth waiting period applies to surgical tooth extraction.

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**

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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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