

medibank

**Medibank Private Limited**  
**Silver Plus Security Comprehensive****\$398.80 / month**

(Before Rebate, Discount &amp; 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:** 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:** MBPJ31/TLDF10**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Ear, nose and throat            | ✓ Male reproductive system                                       |
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ Breast surgery (medically necessary)                    | ✓ Heart and vascular system       | ✓ Palliative care                                                |
| ✓ Cataracts                                               | ✓ 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                                                           |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Digestive system                                        | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Kidney and bladder              |                                                                  |
|                                                           | ✓ Lung and chest                  |                                                                  |

**This policy does not include cover for**

- |                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth | ✗ 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](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.

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: MBPJ31/TLDF10 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 periods applies to surgical tooth extraction. Exercise physiology benefit is \$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  | <b>\$200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & 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>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids, psychology, speech therapy & other services             | <ul style="list-style-type: none"><li>• Per monitor: \$800</li></ul>                                       |
| ✓ Chinese medicine                  | 2  | <b>\$200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & other services | <ul style="list-style-type: none"><li>• Initial visit: \$21.5</li><li>• Subsequent visit: \$21.5</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$900 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry            | <ul style="list-style-type: none"><li>• Initial visit: \$47.2</li><li>• Subsequent visit: \$35.4</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & other services | <ul style="list-style-type: none"><li>• Initial visit: \$54</li><li>• Subsequent visit: \$29.8</li></ul>   |

|                                  |    |                                                                                                                                             |                                                                                                                                                                                                      |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                     | 12 | <b>\$1,000 per policy</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>\$200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & 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</li> <li>Scale &amp; clean: \$51.2</li> <li>Surgical tooth extraction: \$126.5</li> <li>Periodic oral examination: \$30.5</li> </ul> |
| ✓ Hearing aids                   | 36 | <b>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids, psychology, speech therapy & other services             | <ul style="list-style-type: none"> <li>Hearing aid: \$800</li> </ul>                                                                                                                                 |
| ✓ Major dental                   | 12 | <b>\$1,000 per policy</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 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>                                         |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$900 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry            | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                                                          |
| ✓ Osteopathy                     | 2  | <b>\$900 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry            | <ul style="list-style-type: none"> <li>Initial visit: \$47.2</li> <li>Subsequent visit: \$35.4</li> </ul>                                                                                            |
| ✓ Physiotherapy                  | 2  | <b>\$900 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry            | <ul style="list-style-type: none"> <li>Initial visit: \$47.9</li> <li>Subsequent visit: \$40.7</li> </ul>                                                                                            |
| ✓ Podiatry                       | 2  | <b>\$900 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry            | <ul style="list-style-type: none"> <li>Initial visit: \$38.1</li> <li>Subsequent visit: \$30.6</li> </ul>                                                                                            |
| ✓ Psychology                     | 0  | <b>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids, psychology, speech therapy & other services             | <ul style="list-style-type: none"> <li>Initial visit: \$105.89</li> <li>Subsequent visit: \$87.69</li> </ul>                                                                                         |
| ✓ Remedial massage               | 2  | <b>\$200 per policy</b>                                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$41.4</li> <li>Subsequent visit: \$29.9</li> </ul>                                                                                            |
| ✓ Speech therapy                 | 2  | <b>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids, 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, fixed benefits, sublimits and benefit replacement periods apply share combined annual limit with Psychology. -Health subscriptions, 2 mth waiting period, annual limit \$100 - MembershipBonus, 6 mth waiting period, starts at \$50 per single/ \$100 per couple 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 | ✗ Occupational therapy |
| ✗ Audiology                     | ✗ Home nursing                          | ✗ Orthodontic          |
| ✗ Eye therapy (orthoptics)      | ✗ Non PBS pharmaceuticals               | ✗ Vaccinations         |

**Other features of this general treatment cover:** Wide range of extras cover for things like optical and major dental, with increasing annual limits for things like physio, chiro and podiatry. Includes an annual Membership Bonus to use towards 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****Medibank Private Limited**

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Available in TAS

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