

# Cover Summary Priority Starter Extras (without a Priority hospital cover)

This provides an important summary of your cover and we recommend that you read and retain it. You can find out more about your membership by referring to the Member Guide, which is a summary of our Fund Rules and terms and conditions, or by calling us on 131 680.

## Extras cover

This table shows the services you can claim benefits for, annual limits, sub limits and waiting periods that apply to your extras cover.

Service	Waiting period	Annual limits & sub-limits
<b>Ambulance services<sup>+</sup></b>	1 day	No annual limit
<b>General dental*</b> Includes preventative treatment, dental examinations, scale & clean. Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (including bitewing x-rays where required). And this doesn't count towards annual limits. <sup>^</sup>	2 months 	\$500 - \$600# \$300 sub limit during first 6 months of membership. \$300 sub limit for Endodontics
• Surgical procedures & extractions	12 months	
• Endodontic services e.g. root canal treatment	12 months	
<b>Optical items*</b> Includes frames, prescription lenses & contact lenses	6 months	\$200 A sub limit of \$92 for frames applies
<b>Physiotherapy*</b> Includes consultations, clinical pilates & hydrotherapy sessions	2 months	\$300 - \$400#
<b>Prescription pharmaceutical (non-PBS)</b> Includes most prescription-only items not subsidised by the Government. Benefits will be paid after a set charge has been deducted. It's important to note that we don't pay benefits for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.	2 months	\$300 - \$400#

 Benefit Replacement Periods apply.

<sup>+</sup> For ambulance attendance or transportation to a hospital where immediate professional attention is required and your medical condition is such that you couldn't be transported any other way. Tasmania and Queensland have state schemes to cover ambulance services for residents of those states.

\* Members' Choice providers are available for these services only.

# The annual limits increase by \$25 on 1 January of each year of continuous membership following the date of joining to the maximums shown.

<sup>^</sup> Members can claim a maximum of two 100% back dental check-ups per member, per year either at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a Members' Choice dentist (excluding x-rays), or a combination of both. These check-ups do not count towards annual limits.

## Benefit Replacement Periods (BRPs)

This is the period of time you need to wait from the date of purchase for an item before you can receive another benefit to replace it. This is separate to the waiting period. Below are the benefit replacement periods that apply to your cover. These apply per member, unless otherwise stated.

Additional restrictions may apply to some individual dental item numbers and services. Please contact us prior to your treatment.

Service category	Items	Benefit replacement period
General dental	Mouthguards	12 months

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## What does it mean?

**Members' Choice providers:** These are extras providers Medibank has negotiated with so you won't be charged more than the agreed price.

Members' Choice Advantage providers are part of our Members' Choice Network. If you visit a Members' Choice Advantage provider, you can get 100% back on up to two dental check-ups per year (includes bitewing x-rays if required). Plus you can also get 100% back on a mouthguard each year (subject to your annual limits and capped prices).

Members' Choice and Members' Choice Advantage providers are not available in all areas. To check whether a provider is a Members' Choice/Members' Choice Advantage provider go to [medibank.com.au/memberschoice](https://medibank.com.au/memberschoice)

**Non-Members' Choice providers:** These are extras providers recognised by Medibank but with whom we don't have an agreement.

**Transferring from another health insurer?** You may not need to re-serve waiting periods if you transfer within two months. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

**Waiting periods:** A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items included under your cover. You're not able to receive benefits for any items or services you might have obtained while you are serving a waiting period or before you joined Medibank.

**Annual limit and sub limit:** An annual limit is the maximum amount of benefits payable for an extras service, particular groups of extras services or items within a calendar year (i.e. 1 January – 31 December). The benefit is paid for a particular item or service within an overall annual limit.

Where the annual limit increases, it will increase on 1 January, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership.

A sub limit is a maximum amount you can receive on an annual basis (or within other defined periods of time) for a particular item or service within an overall annual limit. Benefits are paid per person per calendar year unless otherwise shown. For more information call us on 131 680.

## How to find out more

If you'd like to find out more about your cover please refer to our Member Guide, which is a summary of our Fund Rules.

**Where possible before booking treatment, you should always call us on 131 680 to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.**

[medibank.com.au](https://medibank.com.au)

This information is current as at 1 April 2019 and subject to change from time to time. If you'd like to change your cover, please contact us on 131 680. Membership of Medibank Private is subject to our Fund Rules and policies which are summarised in our Member Guide.

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