

Cover Summary

Smart Choice Extras.



Here's a summary of the services and treatments we pay benefits towards on your cover. Please read it and keep it somewhere safe for future reference. For a better understanding of how your cover works refer to your Member Guide, which is a summary of our Fund Rules and policies, or call us on 132 331.

Making the most of your Extras cover.

Members' Choice extras providers.

If you visit a provider from our large Members' Choice network you'll generally get better value for money. This means you can take advantage of capped rates. When you visit a non-Members' Choice provider, you'll generally receive a lower benefit for those services. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.




Get more value at Members' Choice and Members' Choice Advantage providers.

100% back on up to 2 check-ups each year at Members' Choice dentists and this doesn't count towards annual limits.[‡]
100% back on a mouthguard each year at Members' Choice Advantage providers, subject to your annual limits and capped prices.
100% back on optical items up to your annual limit, and discounts on most lenses and lens options.[~]

[‡] 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.
[~] Some items excluded. A 6 month waiting period applies

Included extras.


Here are the Extras services you can claim for, along with the limits and waiting periods that apply.
It's important to know that the benefit we pay for services or items is likely to be less than your annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay.


Service	Example items and services	Waiting period	Amount you can claim	Annual limit	Sub-limits
Ambulance services [^]	For eligible services where immediate professional attention is required	1 day	100%	No annual limit	No sub-limit
General dental* 	Preventative treatment	2 months	Fixed Amount	\$800 Combined general dental & endodontic services annual limit Ⓢ	\$300 during first 6 months of membership
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
	Endodontic services (e.g. root canal)				
Optical 	Frames	6 months	Fixed Amount	\$225 Ⓢ	\$92 for frames \$200 for contact lenses
	Prescription lenses				
	Contact lenses				
Physiotherapy 	Consultations only	2 months	Fixed Amount	\$300	No sub-limit
	Clinical pilates				
	Hydrotherapy sessions				
Non-PBS pharmaceuticals	Includes most prescription-only items not subsidised by the Government. Benefits will be paid after the PBS co-payment amount 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	Fixed Amount	\$300	No sub-limit


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Service		Example items and services	Waiting period	Amount you can claim	Annual limit	Sub-limits
Major dental*	MC	Periodontics (e.g. treatment of gum disease)	12 months	Fixed Amount	Flexi-Fund You can claim up to \$300 per person \$600 per membership \$ 1	No sub-limit
		Crowns, dentures and bridges				
		Major restorative fillings (e.g. veneers)				
		Orthodontics (e.g. braces)				
Chiropractic	MC	Consultations	2 months	Fixed Amount	No sub-limit	
Osteopathy						
Acupuncture	MC					
Remedial massage	MC	Consultations only	2 months	Fixed Amount	\$100 sub-limit	
Myotherapy						
Exercise physiology						
Chinese medicine						
Podiatry	MC	Consultations and approved orthotics	2 months	Fixed Amount	Flexi-Fund continued, refer above \$ 1	No sub-limit
Breathing appliances		Peak flow meters, nebulisers and spacing devices only	12 months	Fixed Amount		\$180 per membership every 3 years
Blood glucose monitors		Purchase of devices only	24 months	Fixed Amount		\$240 per membership every 3 years & \$150 per person every 3 years
Occupational therapy		Consultations	2 months	Fixed Amount		No sub-limit
Speech therapy		Consultations				
Eye therapy		Consultations				
Mental health support		Consultations with psychologists, counsellors and mental health social workers	None	Fixed Amount		No sub-limit
		Pharmacogenetic testing for all conditions [#]				
Health appliances & external prostheses		Insulin delivery pens, pressure therapy garments, braces, splints, non-podiatric orthoses, post-mastectomy bras and external mammary prostheses/ breast forms	2 months	Fixed Amount	Sub-limits & other restrictions apply please contact us for details	
Dietetics		Consultations and Jenny Craig weight loss benefit				
Hearing aids		Purchase of devices	36 months	Fixed Amount	No sub-limit	

 Benefit restrictions apply.

 A referral letter is required. Refer to your Member Guide for more information.

 Members' Choice providers are available for these services only.

 Sub-limits apply.

[^] 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.

^{*} Benefits will only be paid towards dental and orthodontic treatments that are administered in person (not via phone or online), by a recognised provider.

[#] Medibank will pay benefits towards pharmacogenetic tests for all conditions. Benefits will only be paid towards pharmacogenetic tests administered in-person, or for approved home kits where supporting documentation from a medical practitioner outlining the clinical purpose is supplied.

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Things you need to know about your Extras cover.

Members' Choice providers.

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice providers. We've negotiated capped prices that Members' Choice Extras providers can charge, which generally means more money back in your pocket. You can still use a non-Members' Choice Extras provider, as long as they're recognised by Medibank, but you won't be able to take advantage of the capped pricing.

Members' Choice Advantage Extras providers are part of our Members' Choice Network and you may enjoy even better value when you need to use eligible extras services at these providers.

It's important to be aware that Medibank's Members' Choice and Members' Choice Advantage Extras providers are subject to change without notice, and are not available in all areas, so please check if they're a Members' Choice or Members' Choice Advantage provider before your treatment or service.

Find your nearest Members' Choice provider at medibank.com.au/memberschoice

Non-Members' Choice providers.

These are extras providers recognised by Medibank but with whom we don't have an agreement.

Waiting periods.

This 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're serving a waiting period or before you joined Medibank.

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.

Annual limits.

An annual limit is the maximum amount of benefits payable towards services, items or groups of services and/or items within a calendar year (i.e. 1 January to 31 December). A combined limit is an annual limit that applies to a group of services and/or items.

Sub-limit.

This is the 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.

Fixed Amount.

This is the amount that is payable for a particular service or item. The amount of the Fixed Amount depends on the cover you hold and the type of service or item you receive and will not exceed your annual limit or the provider's charge.

Telehealth services.

Medibank pays towards telehealth consultations for some extras services, such as mental health support. Refer to the Member Guide or medibank.com.au/telehealth to check what other services on your cover are available through telehealth.

Health support that never sleeps.

Medibank health insurance members can talk to a registered nurse or mental health professional at no extra cost.* Chat over the phone or online with 24/7 Medibank Nurse Support and 24/7 Medibank Mental Health Support. Call **1800 644 325** or chat online using My Medibank.

Live Better rewards.

We think Australians should be rewarded for looking after their health. That's why eligible Medibank members with Hospital or Extras cover can earn Live Better rewards points by tracking things they do every day like walking, eating healthy meals and more with Live Better rewards in My Medibank. Members can then redeem those points on anything from discounts on premium payments to rewards from our health and wellbeing partners.®

For more information visit medibank.com.au/livebetter/rewards

- Some referred services may involve out of pocket costs and waiting periods may apply.

@ Medibank Live Better rewards terms and conditions: Must be 16 years or over to register for Medibank Live Better rewards. Must be a Medibank member with Hospital cover, Extras cover, or Hospital and Extras cover, be up-to-date with premium payments and have signed up to Medibank Live Better rewards with My Medibank to earn Live Better rewards points and to redeem rewards. Excludes Overseas Student Health Cover (OSHC), Ambulance only cover, ahm covers and other selected covers. Live Better Management Pty Ltd, ACN 003 457 289 has entered into commercial arrangements with Medibank Live Better rewards program partners and may receive commissions. Additional terms and conditions may apply to the redemption of a reward depending on the type of reward chosen. Some program partners and earning activities require a person to be at least 18 years of age to be eligible to earn and/or redeem a reward. See full Medibank Live Better rewards terms at medibank.com.au/livebetter/rewards/terms

Benefit restrictions.

The Benefit Replacement Periods on your cover are shown below. A Benefit Replacement Period is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it.

Benefit Replacement Periods are separate to waiting periods.

Service category	Items	Benefit Replacement Period
Health appliances and external prostheses	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
Blood glucose monitors	Blood glucose monitors	36 months
Breathing appliances	Peak flow meters and nebulisers (per membership)	
	Spacing devices	
Major dental	Dentures, crowns and bridges	60 months
Hearing aids	Hearing aids	

Additional limitations such as service restrictions (clinical reasonability rules) may apply to some individual dental items and services.

Limits also apply to how often you can claim on an extras service. For example, you can only claim on one mouthguard per person, per calendar year.

Please contact us on **132 331** before your treatment.

How to find out more.

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view online at medibank.com.au/glossary