# Cover Summary Super Extras – Tas



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 132 331.

## 晉 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	
Ambulance services+	2 months	No annual limit	
General dental (sub limits apply) Preventative treatment, dental examination, scale and clean Every member gets 100% back on two yearly check-ups at a Members' Choice dentist (excludes x-rays). And this doesn't count towards annual limits	2 months	\$500 (sub limit of \$300 per member during the first 6 months apply)	
Major dental (sub limits apply)			
• Inlay/onlay restorative (e.g. restorative fillings)	2 months	Combined limit with General dental	
• Crowns, dentures & bridges		\$350 increasing to \$700	
• Periodontics (i.e. treatment of gum disease)	12 months	Combined limit with Orthodontic	
• Orthodontics e.g. braces	1	\$400 – \$750 Benefits are limited to per course of treatment within a 36 month period	
Optical items Includes frames, prescription lenses & contact lenses	6 months	\$200 \$110 sub limit for contact lens items (Other sub limits apply)	
Physiotherapy Includes consultations, group pilates & hydrotherapy sessions	2 months	\$500	
Prescription pharmaceutical (non-PBS) 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	\$500	
Chiropractic & osteopathy	2 months	\$250	
Podiatry		\$150	
<ul><li>Consultations</li><li>Approved orthotics ■</li></ul>	2 months	\$150	
Dietetics	2 months	\$200 Jenny Craig sub limit applies: \$100 per person per lifetime up to \$200 per membership	
Occupational therapy	2 months	\$200	
Speech therapy	2 months	\$200	
Eye therapy	2 months	\$200	
Hearing aids	36 months	\$750 Sub limits apply	
Breathing appliances - Nebulisers	12 months	\$110 per membership every 3 years	

<sup>+</sup> Waiting periods 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.

Service	Waiting period	Annual limits & sub-limits	
Blood glucose monitors 🗏	24 months	\$200 per membership every 3 years	
Approved external prostheses and appliances	2 months	\$850 (Various sub limits apply)	
Clinical psychology (Consultations only)	2 months	\$200	
School accident For preschool, primary and secondary school students. Conditions apply	2 months	\$500	
Home nursing	2 months	\$500 (Sub limits apply)	

Benefit Replacement Periods apply. 🗏 Referral letter required.

# 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	
Health appliances and external prostheses	External mammary prostheses and repairs of external prostheses	12 months	
	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	Nebulisers (per membership)		
General dental	Mouth guards*		
Major dental	Dentures, crowns and bridges		
Hearing aids	Hearing aids	60 months	

<sup>\*</sup>Members under the age of 18 are entitled to a benefit for a replacement mouth guard once every 12 months.

## Referral letter

A referral letter is required to claim benefits for some items under your cover. Refer to the Member Guide for more information.

## ?) What does it mean?

**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 covered. 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 132 331 (or 131 680 for Corporate cover).

# Things to note

- Benefits are only payable for extras services provided by recognised providers.
- The benefit we pay for a particular claim is likely to be less than the annual limit and less than your provider's charge. This means you'll usually have out-of-pocket expenses for each service or item.
- You might need to wait for a period of time from the date of purchase of some items before you are entitled to another benefit to replace the item (benefit replacement period).
- Additional restrictions may apply to the payment of benefits for some services.

Refer to your Member Guide for more information including the meaning of terms used in this document. To check whether a provider is a Members' Choice provider go to medibank.com.au



#### How to find out more

Where possible before booking treatment, you should always call us on 132 331 (or 131 680 for Corporate cover) to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.

medibank.com.au

This information is current as at 1 February 2017 and subject to change from time to time. If you'd like to change your cover, please contact us on 132 331. Membership of Medibank Private is subject to our Fund Rules and policies which are summarised in our Member Guide. Medibank Private Limited ABN 47 080 890 259

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