

Cover Summary

Super Extras – WA

This provides a summary of your cover. It contains important information about your cover and we recommend that you read and retain it. You can find out more information about your membership by referring to your Membership Guide or calling us on **132 331** (or **131 680** for Corporate cover).

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.

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. 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).

Service	Waiting period	Annual limit & sub limit
Ambulance services [medically necessary]	2 months	No annual limit
General dental Includes preventative treatment, dental examinations, scale & clean	6 months	No annual limit
Major dental (Sub limits apply)		
Inlay restorative (e.g. restorative fillings)		\$300
• Dentures, crowns & bridges		\$500 increasing to \$1,500
Orthodontics (e.g. braces)		\$450 – \$800
	12 months	Benefits are limited to per course of treatment within a 36 month period
Periodontics (i.e. treatment of gum disease)		Combined limit with Orthodontic A \$300 sublimit applies to dental items D281 – D282
Optical items Includes frames, prescription lenses & contact lenses	6 months	\$220 \$120 sub limit for contact lens items
Physiotherapy Includes consultations, group pilates & hydrotherapy sessions	2 months	No annual limit
Prescription pharmaceutical (non-PBS) Includes most prescribed 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	\$200



Service	Waiting period	Annual limit & sub limit
Chiropractic & osteopathy	2 months	\$300
Podiatry Includes prescribed orthotics	2 months	\$300
Dietetics	2 months	\$200 Jenny Craig sub limit applies: \$100 per person per lifetime up to \$200 per membership
Occupational therapy	2 months	\$500
Speech therapy	2 months	\$500
Eye therapy	2 months	\$500
Hearing aids	36 months	\$800 Sub limits apply
Breathing appliances - Nebulisers	12 months	\$140 per membership every 3 years
Blood glucose monitors	24 months	\$200 per membership every 3 years
Clinical psychology Consultations only	2 months	\$500

Things to note

- The 2 month waiting period is waived for treatment of injuries sustained in an accident occurring after joining or changing cover.
- 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 Membership Guide for more information including the meaning of terms used in this document.

How to find out more

If you'd like to find out more about your membership please refer to the Membership Guide, which is a summary of our Fund Rules and includes the meaning of terms used in this document.

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

> call 132 331 (or 131 680 for Corporate cover)

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