Cover Summary Better Health Elite Extras.

This cover must be taken with an eligible Hospital cover.

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 **1300 763 422**.

${f \widehat{T}}$ Making the most of your Extras cover.

Extras providers.

With Better Health Elite Extras you can claim a known percentage back at any recognised provider nationwide. That gives you the flexibility to use the service provider of your choice, knowing exactly what percentage of their charge you will receive back each time, up to your annual limit.[&]

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.

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

100% back on up to 2 check-ups each year at Members' Choice Advantage dentists and this doesn't count towards annual limits.[‡]

100% back on a mouthguard each year, 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."

& Charge refers to the amount charged by the provider for the eligible services or items and benefits are subject to the Maximum Medibank Benefit (MMB).

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

Some items excluded. A 6 month waiting period applies.

$m \rellow$ 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 category	Example items and services	Waiting period	Amount you can claim		Annual limit
			Members' Choice provider	Non-Members' Choice provider	per member
Ambulance services [^]	For eligible services where immediate professional attention is required	1 day	100%		No annual limit
General dental* 🛛 🚾	Preventative treatment	2 months	100%	90%	\$2000 No orthodontic lifetime limit ☆
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* 🛛 🥨	Endodontic services (eg. root canal)	12 months			
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Orthodontics*	Braces	12 months	909	%	

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	Example items and services	Waiting period	Amount you can claim		Annual limit
S ervice category			Members' Choice provider	Non-Members' Choice provider	per member
	Frames				
Optical 🚾	Prescription lenses	6 months	100	1%	\$350
	Contact lenses			1	
Physiotherapy 🚾	Consultations	2 months	100%	90%	\$800
Physiotherapy 🚾	Hydrotherapy sessions				
Chiropractic 🚾	Consultations	2 months	100%	90%	Combined limit
Osteopathy	Consultations	2 months	90%		of \$800
Remedial massage 🚾	Consultations			90%	
Acupuncture 🚾	Consultations only	2 months	100%		
	Consultations		10070		
Podiatry 🚾	Approved orthotics	-			
Myotherapy	Consultations				
Non-PBS Pharmaceuticals	Benefits for prescription-only non- PBS pharmaceuticals will be paid after the PBS co-payment amount has been deducted.				
Audiology	Consultations	2 months			
Chinese medicine	Consultations only				
Exercise physiology	Consultations				
Dietetics	Consultations only				
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None			Combined limit of \$1,100
Support	Pharmacogenetic testing for all conditions ⁺				
Speech therapy	Consultations only		90	%	
Occupational therapy	Consultations only	2 months			
Eye therapy	Consultations only				
Hearing aids	Purchase of device	36 months			
Breathing appliances	Peak flow meters, nebulisers and spacing devices only	12 months			
Blood glucose monitors and blood pressure monitors 🗐	Purchase of devices only	24 months			
Health appliances and external prostheses 🗐	For example, insulin delivery pens, pressure therapy garments, splints, non-podiatric orthoses, post- mastectomy bras and external mammary prostheses/breast forms	2 months			

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S ervice category	Example items and services	Waiting period	Amount you can claim			
			Members' Choice provider	Non-Members' Choice provider	Annual limit per member	
Flu vaccinations [#]	Flu vaccination					
Antenatal and postnatal services	Birthing courses with a midwife (1 per year per membership)					
Service provider must be working in private practice	Lactation consultations with a midwife or other recognised provider				Combined limit of \$200 법	
Pregnancy compression garments	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician	2 months	100	1%		
TENS machines 🗏	Purchase or hire of devices (hire limited to 6 weeks per calendar year)	-				
Health subscriptions	Membership fees for approved health bodies and organisations				Combined limit of \$200 법	
Health support benefits ☆	Medibank approved Health support benefits eg. quit smoking programs, nicotine replacement therapy, exercise classes, gym memberships, personal trainers and weight management programs	2 months	100%			
Home nursing	Benefits towards services provided by recognised home nursing providers (not available in NT or TAS)	2 months	100%		\$400	
Health screening services	Bone density tests, MRI's, retinal scans and bowel cancer screening tests where no Medicare benefits are payable	2 months	100%		\$400	

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.

A health support benefits approval form must be completed by a health practitioner and the service must be intended to manage an existing health condition. This form is not required for nicotine replacement therapy. See your Member Guide for more information.

[^] 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. TAS and QLD 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.

Benefits are payable towards the influenza vaccine only and not payable towards any other fees, including administrative fees or GP consultations. Some individuals may be eligible for free influenza vaccines under a Commonwealth or State scheme, such as the National Immunisation Program, or similar schemes. Benefits are not payable where influenza vaccines are administered under such a scheme.

? Things you need to know about your Extras cover.

Waiting periods.

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Annual limits.

An annual limit is the maximum amount of benefits we pay towards services and/or items within a calendar year. A combined limit is an annual limit that applies to a group of services and/or items.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join Medibank within 2 months of leaving your previous health insurer, and you've already served the waiting period for that service. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

Benefit restrictions.

The Benefit Replacement Periods for 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	
	Repair of external prostheses	12 months	
	Repairs of health appliances	24 months	
Health appliances and external prostheses	Wigs, hip protectors and insulin delivery pens	24 months	
provinciou	Braces, splints and orthoses, custom-made footwear, modification of footwear, unspecified health appliance and external prostheses	36 months	
	Pregnancy compression garments	24 months	
Antenatal and postnatal services	TENS machines	36 months	
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months	
Breathing appliances Nebulisers, peak flow meters and spacing devices		36 months	
Major dental Dentures, crowns and bridges		36 months	
Hearing aids	Hearing aids	60 months	

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 some extras services. For example, you can only claim on one mouthguard per person, per calendar year.

Please contact us on 1300 763 422 before your treatment.

🐼 Helping you live better.

Use Members' Choice Extras providers.

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice providers. Through our Members' Choice network, you'll generally get better value for money with capped rates and a higher percentage back on what you're charged.

With a non-Members' Choice provider, you'll generally get a lower percentage back on what you're charged for that service. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover. It's important to know that annual limits apply and out-of-pocket expenses are still likely to apply.

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

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.

Manage your membership on the go.

Manage your membership anytime, anywhere with My Medibank. You can check extras balances, pay premiums, make claims on most extras, and update your details.

It only takes two minutes to sign up, just go to medibank.com.au/members to get started.

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.

@ 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, and covers and other selected covers. Live Better rewards points and to redeem rewards. Excludes Overseas Student Health Cover (OSHC), Ambulance only cover, and 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

💮 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

This information is current as at 5 May 2025 and subject to change from time to time. If you'd like to change your cover, please contact us on **1300 763 422**. Membership of Medibank Private is subject to our Fund Rules and policies which we can change from time to time and are summarised in our Member Guide Medibank Private Limited ABN 47 080 890 259