Cover Summary
Medibank Comprehensive Extras Max.

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.

Through our Members' Choice network, you'll generally get better value for money with capped rates and a percentage back on what you're charged. With a non-Members' Choice provider, you'll generally get back a Fixed Amount for that service regardless of the provider's charge. 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 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.~

‡ 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.

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 per member
			Members' Choice provider	Non-Members' Choice provider	
Ambulance services^	For eligible services where immediate professional attention is required	1 day	100%		No annual limit
Optical MC	Frames	6 months	100%		$250
	Prescription lenses				
	Contact lenses				
General dental* MC	Preventative treatment	2 months	90%	Fixed Amount	No annual limit
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* MC	Endodontic services (eg. root canal)	12 months	90%	Fixed Amount	$1,200 1
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				

(continued over page)

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Orthodontics*	Braces	12 months	100%		$1,000 opening balance. Top up of $500 per year. Up to a $3,000 lifetime limit.
Physiotherapy MC	Consultations	2 months	90%	Fixed Amount	$700
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic MC	Consultations	2 months	90%	Fixed Amount	Combined limit of $500
Osteopathy			Fixed Amount		
Myotherapy	Consultations	2 months	Fixed Amount		Combined limit of $400
Remedial massage MC	Consultations		90%	Fixed Amount	
Acupuncture MC	Consultations				
Exercise physiology	Consultations		Fixed Amount		
Chinese medicine	Consultations only				
Non-PBS Pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after the PBS co-payment amount has been deducted. Benefits are not payable if the item being claimed costs less than the current PBS co-payment	2 months	Fixed Amount		Combined limit of $600
Flu vaccinations®	Flu vaccinations	2 months	100%		
Podiatry MC	Consultations	2 months	90%	Fixed Amount	$500
	Approved orthotics				
Dietetics	Consultations only	2 months	Fixed Amount		$500
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None	Fixed Amount		$700
	Pharmacogenetic testing for all conditions#		Fixed Amount		
Speech therapy	Consultations only	2 months	Fixed Amount		$500
Eye therapy	Consultations only	2 months	Fixed Amount		$500
Occupational therapy	Consultations only	2 months	Fixed Amount		$500
Health appliance and external prostheses	TENS machines, insulin delivery pens, pressure therapy garments, braces, splints, non-podiatric orthoses, post-mastectomy bras and external mammary prostheses/breast forms	2 months	Fixed Amount		$500 1
Breathing appliances	Peak flow meters, nebulisers and spacing devices only	12 months	100%		Combined limit of $250 1
Blood glucose monitors and blood pressure monitors	Purchase of devices only	24 months			

(continued over page)

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Hearing aids	Purchase of devices	12 months	100%		$1,200
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	Fixed Amount		$250
Health screening tests	Bone density tests, MRI's, retinal scans and bowel cancer screening tests where no Medicare benefits are payable	2 months	Fixed Amount		$200

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.

^ 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.

@ 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.

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.

How do orthodontic benefits work?

Your orthodontic limit starts with an opening balance which you can access after your 12-month waiting period.

Every year on 1 January after this waiting period, the balance is topped up with an additional amount up to the maximum lifetime limit.

The benefits you can claim after your waiting period:

Opening Balance + Any top ups − Any benefits ever claimed⁺ = **The benefit you can claim**

⁺ Includes benefits paid by Medibank or other private health insurers.

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.

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.

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.

(continued over page)

Lifetime limit.

This is a once-only limit that isn't reset each year. When you reach this limit, you can no longer claim that benefit again, even if you change your cover.

Fixed Amount.

This is the amount we'll pay towards the cost of an Extras service or item if you visit a non-Members' Choice provider. It will generally be lower than the amount you would receive when you visit a Members' Choice provider. The amount of the Fixed Amount depends on the cover you hold and the type of service or item you receive.

Non-PBS Pharmaceuticals.

Coverage for Non-PBS prescription pharmaceuticals allows members to claim prescription medicines not covered by the Pharmaceutical Benefit Scheme (PBS).

- It must be a prescription only medication.
- You cannot claim medications obtainable over the counter without a prescription.
- You can claim non-PBS medications that cost more than the current PBS co-payment, this amount is deducted from the cost of the medication before a benefit amount is assessed.

The PBS co-payment is the amount Medicare card holders pay when purchasing medicines listed under the PBS scheme.

Refer to your Member Guide for further details.

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 and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Peak flow meters, spacing devices and nebulisers	
Major dental	Dentures, crowns and bridges	
Hearing aids	Hearing aids	36 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 **132 331** before your treatment.

(continued over page)

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. 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**

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.

24/7 Medibank Nurse and Mental Health Support.

Medibank health insurance members can chat to a registered nurse or mental health professional and get guidance on what they can do next. Call **1800 644 325** or chat online any time of the day or night, 7 days a week at no extra cost.^

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.

Live Better Rewards is Medibank's health and wellbeing program inspiring, supporting, and rewarding you to eat, move, and feel better, all while enjoying the things you do every day like walking, sleeping, eating healthy and more. Eligible Medibank members with eligible hospital and/or extras cover could earn rewards each year by redeeming the points earned for taking healthy actions.@ Plus, if you shop with our partner brands, you could earn even more points!

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

@ Must be aged 16+ to register, but some partners require you to be 18+ to earn and redeem. Must hold eligible Medibank hospital and/or extras cover (excluding Overseas Student Health Cover and Ambulance only cover), be up-to-date with premium payments and have signed up in the My Medibank app to earn and redeem points. Live Better Management Pty Ltd ACN 003 457 289 may receive commissions from partners. Points earning activities and rewards may change and may be subject to availability - we'll notify you of changes where possible. Additional terms may apply. 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 16 September 2026 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 we can change from time to time and are summarised in our Member Guide.

Medibank Private Limited ABN 47 080 890 259