## Cover Summary Better Health 90.

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**.

### 狩 Making the most of your Extras cover.

### Extras providers.

With Medibank's Better Health range of Extras products, 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.<sup>†</sup>

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.<sup>‡</sup>

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 a provider for 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.

## $m \ref{eq: constraint}$ 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		
			Members' Choice provider	Non-Members' Choice provider	Annual limit per member
Ambulance services	For eligible services where immediate professional attention is required	1 day	100%		No annual limit
General dental* 🛛 🕸	Preventative treatment				\$1,900
	Dental examinations	2 months			
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* 😡	Endodontic services (eg. root canal)		90%		
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges	12 months			
	Major restorative fillings (eg. veneers)				
	Oral appliances for sleep apnoea				
Orthodontics*	Braces				

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		<b>147 -: 11 :-</b>	Amount you can claim		A
Service category	Example items and services	Waiting period	Members' Choice provider	Non-Members' Choice provider	Annual limit per member
	Frames		100%		\$300
Optical 🚾	Prescription lenses	6 months			
	Contact lenses				
	Consultations	2 months	90%		\$700
Physiotherapy 🚾	Clinical pilates				
	Hydrotherapy sessions	-			
Chiropractic 🚾	Consultations				
Osteopathy	Consultations	0	00	0/	
	Consultations	2 months	90%		\$700
Podiatry 🚾	Approved orthotics				
Remedial massage 🚾 and myotherapy	Consultations		90%		\$400
Acupuncture 🚾	Consultations	2 months			\$1,000
Exercise physiology	Consultations				
Chinese medicine	Consultations only				
Dietetics	Consultations only				
Antenatal and postnatal services	Birthing courses with a midwife (one per year per membership)	2 months			
Service provider must be working in private practice	Lactation consultations with a midwife or other recognised provider				
Mental health	Consultations with psychologists, counsellors and mental health social workers	None			
support	Pharmacogenetic testing for all conditions <sup>+</sup>				
Speech therapy	Consultations				
Occupational therapy	Consultations	2 months			
Non-PBS pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after the PBS co-payment amount has been deducted. Refer to your Member Guide for further details	2 months			

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Service category	Example items and services	Waiting period	Amount you can claim		A	
			Members' Choice provider	Non-Members' Choice provider	Annual limit per member	
Health appliances and external prostheses	Insulin delivery pens, pressure therapy garments, braces, splints, non-podiatric orthoses, post-mastectomy bras and external mammary prostheses/ breast forms	2 months	90%			
Eye therapy	Consultations	2 months			\$600	
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				
Hearing aids 🚹	Purchase of devices	36 months				

Benefit restrictions apply.

Members' Choice providers are available for these services only.

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

<sup>`</sup> 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.

<sup>r</sup> 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.

## ? 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 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	Wigs, hip protectors and insulin delivery pens	24 months	
external prostheses	Other health appliances and external prostheses	36 months	
Blood glucose monitors and Blood glucose monitors and blood pressure monitors		36 months	
Breathing appliances	Nebulisers, spacing devices and peak flow meters		
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. 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 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.

### Health support that never sleeps.

Medibank health insurance members can talk to a registered nurse or mental health professional at no extra cost.<sup>#</sup> 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.

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

### 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.<sup>®</sup>

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, 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

### 😋 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 7 May 2025 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