

Cover Summary

Extras 70

This cover must be taken with an eligible Hospital cover.

Here's a summary of the services and treatments provided by 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 **1800 746 746**.

Extras cover









Here are the Extras services you can claim for, along with the limits and waiting periods that apply.

If you visit a provider from our large Members' Choice network you'll generally get better value for money. At Members' Choice providers, you can take advantage of capped rates. When you visit a non-Members' Choice provider, the benefit will be subject to the Maximum Benefit Payable (MBP) set by Medibank. 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 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	
Optical*	Frames	6 months	100%		\$225
	Prescription lenses				
	Contact lenses				
General dental* <small>Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (including bitewing x-rays where required). And this doesn't count towards annual limits.[^]</small>	Preventative treatment	2 months	70%		\$900
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (eg. root canal)	12 months	70%		\$1,200
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Physiotherapy*	Consultations	2 months	70%		\$500
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic*	Consultations	2 months	70%		\$300
Osteopathy	Consultations only				
Non-PBS Pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after a set charge has been deducted. Refer to your Member Guide for further details	2 months	70%		\$400

(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	
Remedial massage*	Consultations	2 months	70%	Combined limit of \$500	
Acupuncture*	Consultations				
Exercise physiology	Consultations				
Chinese medicine	Consultations				
Podiatry*	Consultations				
	Approved orthotics 				
Dietetics	Consultations only				
Mental health support	Consultations for psychology and counselling	None			
Speech therapy	Consultations only	2 months			
Eye therapy	Consultations only				
Occupational therapy	Consultations only				
Health appliances and external prostheses  	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy bras and external mammary prostheses/breast forms				
Breathing appliances  	Peak flow meters, nebulisers and spacing devices only				
Blood glucose monitors and blood pressure monitors  	Purchase of devices only		24 months		
Hearing aids 	Purchase of devices	36 months			

 Benefit replacement periods apply.

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

* Members' Choice providers are available for these services only.

^ 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.

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 Replacement Periods

This is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it. Below are the benefit replacement periods that apply to your cover. Additional limitations may apply to some individual dental items and services, please contact us on **1800 746 746** before your treatment.

Benefit replacement periods are separate to waiting periods.

Service category	Items	Benefit replacement period
General dental	Mouthguards	12 months
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 and blood pressure monitors	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

Making the most of your Extras cover

Use Members' Choice Extras 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. If you visit a Members' Choice Advantage provider, you can get 100% back on up to two dental check-ups per year (includes bitewing x-rays if required). Plus you can also get 100% back on a mouthguard each year (subject to your annual limits and capped prices).

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

Check your available Extras balances

You can see your available Extras balances online at My Medibank. You can also update your details, check what your cover includes and much more.

Best of all, it only takes two minutes to sign up for My Medibank, at medibank.com.au/members

You can also download the Medibank app on your smartphone. Just search for Medibank in your app store or go to medibank.com.au/mobile

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