

Cover Summary

Growing Family 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 132 331.

Extras cover







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

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.

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 [*]	Frames	6 months	100%		\$225
	Prescription lenses				
	Contact lenses				
General dental [*] Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (includes bitewing x-rays where required). And this doesn't count towards annual limits.-	Preventative treatment	2 months	70% (100% back for kids [^])	Fixed Amount	\$1000
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental [*]	Endodontic services (eg. root canal)	12 months	70% (100% back for kids [^])	Fixed Amount	\$800 (Increases by \$50 per annum up to \$1000)
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Orthodontics	Braces	12 months	100%		\$200 opening balance. Top up of \$200 per year. Up to a \$2,400 lifetime limit.
Physiotherapy [*]	Consultations	2 months	70% (100% back for kids [^])	Fixed Amount	Combined limit of \$600
	Clinical pilates				
	Hydrotherapy sessions				
Podiatry [*]	Consultations				
	Approved orthotics				
Chiropractic [*]	Consultations	Fixed Amount			
Osteopathy					

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Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Natural therapies	Consultations for remedial massage and acupuncture*	2 months	70% (100% back for kids [^])	Fixed Amount	Combined limit of \$250
	Consultations for exercise physiology and Chinese medicine		Fixed Amount		
Antenatal and postnatal services Service provider must be working in private practice.	Birthing courses with a midwife (one per year per membership)	2 months	Fixed Amount		Combined limit of \$1000 
	Lactation consultations with a midwife or other recognised provider				
Dietetics	Consultations	2 months			
Psychology	Consultations	None			
Speech therapy	Consultations	2 months			
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			
Health appliances and external prostheses 	Insulin delivery pens, braces, splints, or thoses	2 months			
Pregnancy compression garments 	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician. Limited to 2 garments every 2 years	2 months			
TENS machines 	Purchase or hire of devices (limited to 6 weeks per annum)	2 months			
Health subscription	Australian Breastfeeding Association membership only	2 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	100%		

 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.

[‡] 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.

[^] 100% back for kids applies to child and student dependants only.

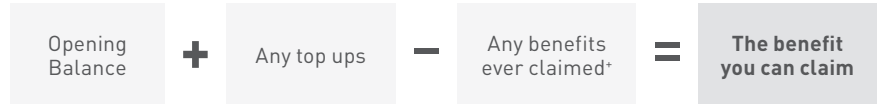
[~] Members can claim a maximum of two 100% back dental check-ups per member, per year—either two check-ups at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a first check-up at a Members' Choice dentist (excluding x-rays) and a second check-up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

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:



* 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.

Where the annual limit increases, it will increase on 1 January each year, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership.

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.

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 **132 331** 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
Pregnancy compression garments (Up to 2 garments)	Each garment	24 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	
TENS machine - purchase	1 machine	36 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 Extras 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, make a payment 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