Cover Summary Priority Standard Extras.



(without a Priority 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 131 680.

The Making the most of your Extras cover.

Members' Choice extras providers.

If you visit a provider from our large Members' Choice network you'll generally get better value for money. This means you can take advantage of capped rates. When you visit a non-Members' Choice provider, you'll generally receive a lower benefit for those services. 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 dentists and this doesn't count towards annual limits.

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

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	Example Items and Services	Waiting period	Annual limit	Sub limit
Ambulance services	For eligible services where immediate professional attention is required	1 day	No annual limit	
	Preventative treatment	2 months		
General dental* ™	Scale and clean	2 months		\$300 during first 6 months of membership \$400 for Endodontics
	Surgical dental procedures (excluding hospital charges)	12 months	\$800	
	Endodontics	12 months		
Major dental* MC	Periodontics		\$300 per person / \$600 per membership	
	Crowns, dentures & bridges	12 months		
	Major restorative fillings (e.g. veneers)			
	Orthodontics (e.g. braces)			
Optical MC	Includes frames, prescription lenses and contact lenses	6 months	\$225	\$92 for frames \$200 for contact lens

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Service	Example Items and Services	Waiting period	Annual limit	Sub limit
Non-PBS pharmaceuticals	Includes most prescription-only items not subsidised by the Government. Benefits will be paid after the PBS co-payment amount has been deducted. It's important to note that we don't pay benefits for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.	2 months	Flexi -fund \$600 increases by \$50 per	
Physiotherapy MC	Consultations	2 months	year to a maximum \$800 per single membership \$1,000 increases by \$100 per year to a maximum of \$1,400 per couple/family membership \$\frac{1}{3}\$	\$300
Chiropractic / osteopathy	Consultations	2 months		\$300
Acupuncture MC	Consultations only	2 months		\$300
Remedial massage MC	Consultations only	2 months		\$100
Podiatry MC	Consultations Approved orthotics	2 months		
Dietetics	Consultations and Jenny Craig weight loss benefit	2 months		Jenny Craig - \$100 per person lifetime limit \$200 per membership per calendar year
Occupational therapy	Consultations	2 months		
Speech therapy	Consultations	2 months		
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None		\$300
	Pharmacogenetic testing for all conditions#		Flexi-fund continued, refer above	
Eye therapy	Consultations only	2 months		
Breathing appliances	Peak flow meters, nebulisers and spacing devices only	12 months		\$180 per membership every 3 years
Hearing aids	Purchase of devices	36 months		\$300
Blood glucose monitors	Purchase of devices only	24 months		\$150 per member/ \$240 per membership every 3 years
Health appliances including external prostheses	Insulin delivery pens, pressure therapy garments, braces, splints, non-podiatric orthoses, post-mastectomy bras and external mammary prostheses/breast forms,	2 months		Sub-limits apply

Benefit restrictions apply.

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

(§) Sub-limits apply.

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 conditions is such that you couldn't be transported any other way. Tasmania and Queensland 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.

? How does Flexi-Bonus work?

Flexi-Bonus		Waiting period	Per membership
	Year 1		\$50
The Flexi-Bonus can be used to top-up extras benefits for any	Year 2		\$75
services that are part of Flexi-Fund. Any member may claim	Year 3	2 months	\$100
Flexi-Bonus up to the membership limit	Year 4		\$125
	Year 5+		\$150

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	Wigs, hip protectors and insulin delivery pens	24 months	
and external prostheses	Other health appliances and external prostheses	36 months	
Blood glucose monitors	Blood glucose monitors	36 months	
Breathing appliances	Peak flow meters and nebulisers (per membership)		
	Spacing devices		
Major dental	Dentures, crowns and bridges		
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 131 680 before your treatment.

Things you need to know about your Extras cover.

Members' Choice 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

Non-Members' Choice providers.

These are extras providers recognised by Medibank but with whom we don't have an agreement.

Transferring from another health insurer.

You may not need to re-serve waiting periods if you transfer within two months. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

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Lifetime limit.

Once you've reached this limit you can no longer claim that benefit in any future year of membership, even if you change your cover.

Waiting periods.

A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items included under your cover. You're not able to receive benefits for any items or services you might have obtained while you are serving a waiting period or before you joined Medibank.

Annual limit and sub limit.

An annual limit is the maximum amount of benefits payable for an extras service, particular groups of extras services or items within a calendar year (i.e. 1 January – 31 December). The benefit is paid for a particular item or service within an overall annual limit.

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

A sub limit is a maximum amount you can receive on an annual basis (or within other defined periods of time) for a particular item or service within an overall annual limit. Benefits are paid per person per calendar year unless otherwise shown. For more information call us on **131 680**.

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. 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.

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.

- ^ Some referred services may involve out of pocket costs and waiting periods may apply.
- @ 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 21 November 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