

Cover Summary

My Choice Extras Family 60

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.

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.

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.

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 your first consultation with a Members' Choice provider each year for selected services.†

100% back on optical items up to your annual limit, and discounts on most lenses and lens options.‡

100% back for kids at Members' Choice providers.§

± 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. Waiting periods apply.

† 100% back on your first Members' Choice consultation each year is for your first service at one of the following Members' Choice providers - physiotherapy, chiropractic, remedial massage or acupuncture, up to annual limits. Waiting periods apply.

‡ Some items excluded. A waiting period applies.




§ 100% back for kids applies to child and student dependants only, up to annual limits. Waiting periods apply.

Included extras

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

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
General dental*	Preventative treatment	2 months	60% (100% back for kids [§])	Fixed Amount	\$600
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (eg. root canal)	12 months	60% (100% back for kids [§])	Fixed Amount	\$700
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				


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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	
Optical MC	Frames	6 months	100%		Combined limit of \$200
	Prescription lenses				
	Contact lenses				
Eye therapy	Consultations only	2 months	Fixed Amount		
Mental health support	Consultations for psychology and counselling	None	Fixed Amount		
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	Fixed Amount		Combined limit of \$200
Flu vaccinations	Flu vaccinations (non-PBS)	2 months	100%		
Physiotherapy MC	Consultations	2 months	60% (100% back for kids#)	Fixed Amount	Combined limit of \$500
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic MC	Consultations		Fixed Amount		
Osteopathy	Consultations		Fixed Amount		
Exercise physiology	Consultations		Fixed Amount		
Acupuncture MC	Consultations only	60% (100% back for kids#)	Fixed Amount		
Chinese medicine	Consultations only	Fixed Amount			
Remedial massage MC	Consultations	2 months	60% (100% back for kids#)	Fixed Amount	Combined limit of \$150
Myotherapy	Consultations				
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (1 per year per membership)	2 months	Fixed Amount		Combined limit of \$400 
	Lactation consultations with a midwife or other recognised provider				
Pregnancy compression garments 	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician				
TENS machines 	Purchase or hire of devices (limited to 6 weeks per calendar year)				
Australian Breastfeeding Association	Membership fees only				
Speech therapy	Consultations only				
Occupational therapy	Consultations only				

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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	
Orthodontics*	Braces	12 months	100%		\$400 opening balance. Top up of \$200 per year. Up to \$1,200 lifetime limit.

 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.

* Benefits will only be paid towards dental and orthodontic treatments that are administered in person (not via phone or online), by a recognised provider.

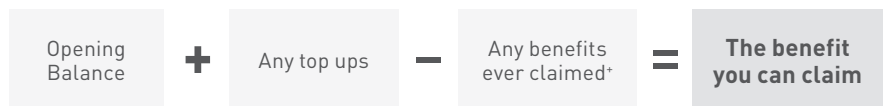
100% back for kids applies to child and student dependants only, up to annual limits. Waiting periods apply.

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.

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 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
Pregnancy compression garments	Pregnancy compression garments	24 months
Major dental	Dentures, crowns and bridges	36 months
TENS machines	TENS machines	

Helping you live better

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 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 consultations

Medibank pays towards telehealth consultations for selected extras services included on your cover. Refer to the Member Guide or medibank.com.au/telehealth to check what services are available through telehealth.

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, get rewarded

We think Australians should be rewarded for looking after their health. That's why Medibank members with hospital or extras cover can now earn rewards with Medibank Live Better. They can get savings on their health cover, more on their extras cover, or great rewards from our partners, simply by looking after their health and wellbeing.[®] For more information visit medibank.com.au/livebetter

[®] Must be 18 years or over and have a valid Australian residential address to register for Medibank Live Better. 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 with 'My Medibank' or have linked their My Medibank account with their Live Better account to redeem rewards. Excludes Overseas Visitor health cover, Working Visa health cover, Overseas Student Health Cover (OSHC), Ambulance only cover, ahm covers and other selected covers. Additional terms and conditions may apply to the redemption of a reward depending on the type of reward chosen. See full Medibank Live Better 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