

Cover Summary

Extras 85

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**.

Making the most of your Extras cover

Extras providers

With Extras 85 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.

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 and this doesn't count towards annual limits.[‡]






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

[‡] Members can claim a maximum of two 100% back dental check-ups per member, per year – the first check up can be at any recognised dentist. The second check-up must be at a Members' Choice Advantage dentist. Bitewing x-rays where required are included only at a Members' Choice Advantage dentist (up to two per check-up). These check-ups do not count towards annual limits.










[†] Some items excluded. A waiting period applies.

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	
Optical 	Frames	6 months	100%		\$300
	Prescription lenses				
	Contact lenses				
General dental* 	Preventative treatment	2 months	85%		No annual limit 
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* 	Endodontic services (eg. root canal)	12 months	85%		\$1,600 
	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		
Orthodontics*	Braces	12 months	100%		\$1,600 opening balance Top-up of \$500 per year Up to \$3,500 lifetime limit	
Physiotherapy 	Consultations	2 months	85%		\$800	
	Clinical pilates					
	Hydrotherapy sessions					
Chiropractic 	Consultations	2 months	85%		\$600	
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	85%		\$500	
Remedial massage 	Consultations	2 months	85%		Combined limit of \$700 (continued over page) 	
Myotherapy	Consultations					
Acupuncture 	Consultations only					
Chinese medicine	Consultations only					
Exercise physiology	Consultations					
Podiatry 	Consultations					
	Approved orthotics 					
Dietetics	Consultations only					
Mental health support	Consultations for psychology and counselling					None
Occupational therapy	Consultations only					2 months
Eye therapy	Consultations only					
Speech therapy	Consultations only					
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (1 per year per membership)					
	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	2 months	85%			
TENS machines 	Purchase or hire of devices (limited to 6 weeks per calendar year)					

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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			
Australian Breastfeeding Association	Membership fees only	2 months			Combined limit, refer above 		
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						
Breathing appliances 	Peak flow meters, nebulisers and spacing devices only					12 months	85%
Blood glucose monitors and blood pressure monitors 	Purchase of devices					24 months	
Hearing aids	Purchase of devices					36 months	
Audiology	Consultations only	2 months					
Laser eye surgery	Where no Medicare benefit is payable	36 months	85%		\$750		

 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.

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

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.

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.

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.

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 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
Pregnancy compression garments	Pregnancy compression garments	24 months
TENS machines	TENS machines	36 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	
Breathing appliances	Nebulisers, spacing devices and peak flow meters	
Major dental	Dentures, crowns and bridges	60 months
Hearing aids	Hearing aids	

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. 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 capped prices).

It's important to be aware that Medibank's Members' Choice & 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

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

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, Overseas Workers 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