

Cover Summary






Smart Choice Extras

This provides an important summary of your cover and we recommend that you read and retain it. You can find out more about your membership by referring to the Member Guide, which is a summary of our Fund Rules and terms and conditions, or by calling us on 132 331.

Extras cover




This table shows the extras services you can claim benefits for, annual limits and waiting periods that apply to these services.

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.

Service	Example items and services	Waiting period	Amount you can claim	Annual limit	Sub-limits
Ambulance services⁺	For eligible services where immediate professional attention is required	1 day	100%	No annual limit	No sub-limit
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	Fixed benefit	\$800 Combined general dental & endodontic services annual limit  	\$300 during first 6 months of membership
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Endodontic services (e.g. root canal)					
Optical*	Frames	6 months	Fixed benefit	\$225 	\$92 for frames \$200 for contact lenses
	Prescription lenses				
	Contact lenses				
Physiotherapy*	Consultations only	2 months	Fixed benefit	\$300	No sub-limit
	Clinical pilates				
	Hydrotherapy sessions				
Prescription pharmaceuticals (non-PBS)	Includes most prescription-only items not subsidised by the Government. Benefits will be paid after a set charge 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	Fixed benefit	\$300	No sub-limit
Major dental*	Periodontics (e.g. treatment of gum disease)	12 months	Fixed benefit	Flexi-Fund You can claim up to \$300 per person	No sub-limit
	Crowns, dentures and bridges				
	Major restorative fillings (e.g. veneers)				
	Orthodontics (e.g. braces)				
Chiropractic*	Consultations	2 months	Fixed benefit	\$600 per membership  	No sub-limit
Osteopathy					
Acupuncture*					
Remedial massage*					
Exercise physiology	Consultations	2 months	Fixed benefit		\$100 sub-limit
Chinese medicine					

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Service	Example items and services	Waiting period	Amount you can claim	Annual limit	Sub-limits
Podiatry* 	Consultations and approved orthotics	2 months	Fixed benefit	Flexi-Fund continued, refer above  	No sub-limit
Breathing appliances 	Peak flow meters, nebulisers and spacing devices only	12 months	Fixed benefit		\$180 per membership every 3 years
Blood glucose monitors 	Purchase of devices only	24 months	Fixed benefit		\$240 per membership every 3 years & \$150 per person every 3 years
Occupational therapy	Consultations only	2 months	Fixed benefit		No sub-limit
Speech therapy	Consultations only				
Eye therapy	Consultations only				
Mental health support	Consultations for psychology and counselling	None			
Health appliances & external prostheses 	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy bras and external mammary prostheses/breast forms	2 months	Fixed benefit		Sub-limits & other restrictions apply please contact us for details
Dietetics	Consultations and Jenny Craig weight loss benefit				
Hearing aids	Purchase of devices	36 months	Fixed benefit		No sub-limit

 Benefit Replacement Periods apply.  Sub-limits apply.  Referral Letter required. *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. Tasmania and Queensland have state schemes to cover ambulance services for residents of those states.

^ 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.

What does it mean?

Members' Choice providers: These are extras providers Medibank has negotiated with so you won't be charged more than the agreed price.

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).

Members' Choice and Members' Choice Advantage providers are not available in all areas. To check whether a provider is a Members' Choice/Members' Choice Advantage provider go to medibank.com.au/memberschoice

Non-Members' Choice providers: These are extras providers recognised by Medibank but with whom we don't have an agreement.

Waiting periods: This 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're serving a waiting period or before you joined Medibank.

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.

Annual limits: An annual limit is the maximum amount of benefits payable towards services, items or groups of services and/or items within a calendar year (i.e. 1 January to 31 December). 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.

Sub-limit: This is the 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.

Fixed benefit: This is the amount that is payable for a particular service or item. The amount of the fixed benefit depends on the cover you hold and the type of service or item you receive. A fixed benefit amount will not exceed the annual limit or the provider's charge.

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Benefit Replacement Periods (BRPs)

This is the period of time you need to wait from the date of purchase for an item before you can receive another benefit to replace it. This is separate to the waiting period. Below are the benefit replacement periods that apply to your cover. These apply per member, unless otherwise stated.

Additional restrictions may apply to some individual dental item numbers and services. Please contact us prior to your treatment.

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	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

Referral letter

A referral letter is required to claim benefits for some items under your cover. Refer to the Member Guide for more information.

How to find out more

If you'd like to find out more about your cover please refer to our Member Guide, which is a summary of our Fund Rules

Where possible before booking treatment, you should always call us on 132 331 to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.

This information is current as at 15 October 2020 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 are summarised in our Member Guide.

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