

COVER SUMMARY BASIC EXTRAS 55

This cover must be taken with a hospital cover

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. At Members' Choice providers, you can take advantage of capped rates and receive a percentage of what you're charged back. When you visit a non-Members' Choice provider, you'll get back a fixed amount regardless of what the provider charges. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.

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	2 months	100%		No annual limit	
Optical*	Frames	6 months	100%		\$150	
	Prescription lenses					
	Contact lenses					
General dental*	Preventative treatment	2 months	55%	Fixed benefit	\$400 	
	Dental examinations					
	Scale and clean					
	Surgical dental procedures (excluding hospital charges)	12 months				
Physiotherapy*	Consultations	2 months	55%	Fixed benefit	Combined limit of \$300	
	Group pilates					
	Hydrotherapy sessions					
Chiropractic*	Consultations only		Fixed benefit			
Osteopathy						
Natural therapies	Consultations for remedial massage, naturopathy and acupuncture*	2 months	55%	Fixed benefit	Combined limit of \$100	
	Consultations for exercise physiology, reflexology, kinesiology, Chinese and Western herbalism, shiatsu, aromatherapy, homeopathy, bower therapy, alexander technique and feldenkrais		Fixed benefit			

 Benefit Replacement Periods apply. * Members' Choice providers are available for these services only.

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

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

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 covered. 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.

Fixed benefit: This is the amount we will pay if you visit a non-Members' Choice provider. The amount of the fixed benefit depends on the cover you hold and the type of service or item you receive. It will generally be lower than the amount you would receive when you visit a Members' Choice provider.

📅 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. This applies per member.

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	Mouth guards*	36 months

*Members under the age of 18 are entitled to a benefit for a replacement mouth guard once every 12 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

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can access online at medibank.com.au/health-insurance/glossary

This information is current as at 26 October 2015 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.

Medibank Private Limited ABN 47 080 890 259