



**Medibank Private Limited**  
**My Choice Extras Core 75**

**\$112.20 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: Medibank considers a child dependant to be aged up to 21.

At Members' Choice extras providers you may get more for your cover. This includes 100% back on a dental check up, scale and clean each year and great optical deals. See <https://www.medibank.com.au/health-insurance/find-provider/#/>.

**Policy ID: MBP/I114/SNPP2D**

**Source:** [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \* : A 12 month waiting period applies to surgical tooth extraction. Counselling (no waiting period) shares an annual limit with Psychology. Vaccinations - non PBS listed flu vaccinations only.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                             | Examples of maximum benefits                                                                                                                                                                      |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                        | 12 | <b>\$450 per person</b><br>combined limit for endodontic & major dental                          | <ul style="list-style-type: none"><li>Filling of one root canal: \$136.4</li></ul>                                                                                                                |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$200 per person</b><br>combined limit for eye therapy (orthoptics) & optical                 | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$35</li></ul>                                                                                                |
| ✓ General dental*                   | 2  | <b>\$750 per person</b>                                                                          | <ul style="list-style-type: none"><li>Fluoride treatment: \$15.6</li><li>Scale &amp; clean: \$51.7</li><li>Surgical tooth extraction: \$109.3</li><li>Periodic oral examination: \$26.5</li></ul> |
| ✓ Major dental                      | 12 | <b>\$450 per person</b><br>combined limit for endodontic & major dental                          | <ul style="list-style-type: none"><li>Full crown veneered: \$723.8</li></ul>                                                                                                                      |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$400 per person</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations | <ul style="list-style-type: none"><li>Per eligible prescription: \$31</li></ul>                                                                                                                   |
| ✓ Optical                           | 6  | <b>\$200 per person</b><br>combined limit for eye therapy (orthoptics) & optical                 | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: 100% of charge</li><li>Single vision lenses &amp; frames: 100% of charge</li></ul>                                         |

|                        |   |                                                                                                  |                                                                                                            |
|------------------------|---|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ <b>Psychology*</b>   | 0 | <b>\$400 per person</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations | <ul style="list-style-type: none"><li>Initial visit: \$131.96</li><li>Subsequent visit: \$109.28</li></ul> |
| ✓ <b>Vaccinations*</b> | 2 | <b>\$400 per person</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations | <ul style="list-style-type: none"><li>Per service: 100% of charge</li></ul>                                |

**This policy does not include General treatment (Extras) cover for**

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Exercise physiology                   | ✗ Orthotics (podiatric orthoses) |
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Osteopathy                     |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Physiotherapy                  |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Podiatry                       |
| ✗ Chinese medicine              | ✗ Occupational therapy                  | ✗ Remedial massage               |
| ✗ Chiropractic                  | ✗ Orthodontic                           | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      |                                         |                                  |

## Ambulance cover

In SA this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**Other features of this ambulance cover:** Cover for an ambulance when you require immediate professional attention and you need to be transported to hospital or other approved facility and your medical condition is such that you cannot be transported any other way, or where an ambulance is called but transport is not needed. Cover for air ambulance where pre-approval has been obtained from Medibank. In all cases the ambulance provider must be Medibank approved. Please contact Medibank for further details.

## Insurer Details



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Call now  **132331**  
Sponsor link

**Medibank Private Limited**

 <http://medibank.com.au>

 [ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)

 **132331**

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