



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

**\$136.80 / month**

(Before Rebate, Discount & Loading)

Available in WA

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:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-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/I115/WNIH1Y**

**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. Exercise physiology benefit is \$21.50 for individual consultations and \$12.00 for group consultations. 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
✓ Acupuncture	2 <b>\$400 per person</b> combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology & physiotherapy	<ul style="list-style-type: none"><li>Initial visit: \$36.9</li><li>Subsequent visit: \$29.4</li></ul>
✓ Chinese medicine	2 <b>\$400 per person</b> combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology & physiotherapy	<ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$21.5</li></ul>
✓ Chiropractic	2 <b>\$400 per person</b> combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology & physiotherapy	<ul style="list-style-type: none"><li>Initial visit: \$44.6</li><li>Subsequent visit: \$29.5</li></ul>
✓ Endodontic	12 <b>\$450 per person</b> combined limit for endodontic & major dental	<ul style="list-style-type: none"><li>Filling of one root canal: \$126.5</li></ul>
✓ Exercise physiology*	2 <b>\$400 per person</b> combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology & physiotherapy	<ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$12</li></ul>
✓ Eye therapy (orthoptics)	2 <b>\$200 per person</b> combined limit for eye therapy (orthoptics) & optical	<ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$35</li></ul>

<b>✓ General dental*</b>	2	<b>\$750 per person</b>	<ul style="list-style-type: none"> <li>Fluoride treatment: \$15.5</li> <li>Scale &amp; clean: \$51.2</li> <li>Surgical tooth extraction: \$106.5</li> <li>Periodic oral examination: \$27</li> </ul>
<b>✓ Major dental</b>	12	<b>\$450 per person</b>	<ul style="list-style-type: none"> <li>Full crown veneered: \$700.8</li> </ul> <p>combined limit for endodontic &amp; major dental</p>
<b>✓ Non PBS pharmaceuticals</b>	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$31</li> </ul> <p>combined limit for non pbs pharmaceuticals, psychology &amp; vaccinations</p>
<b>✓ Optical</b>	6	<b>\$200 per person</b>	<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> <p>combined limit for eye therapy (orthoptics) &amp; optical</p>
<b>✓ Osteopathy</b>	2	<b>No annual limit</b>	<ul style="list-style-type: none"> <li>Initial visit: \$44.6</li> <li>Subsequent visit: \$29.5</li> </ul>
<b>✓ Physiotherapy</b>	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$43.3</li> <li>Subsequent visit: \$36.7</li> </ul> <p>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology &amp; physiotherapy</p>
<b>✓ Psychology*</b>	0	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$128.52</li> <li>Subsequent visit: \$106.44</li> </ul> <p>combined limit for non pbs pharmaceuticals, psychology &amp; vaccinations</p>
<b>✓ Remedial massage</b>	2	<b>\$200 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$40.3</li> <li>Subsequent visit: \$25.9</li> </ul>
<b>✓ Vaccinations*</b>	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul> <p>combined limit for non pbs pharmaceuticals, psychology &amp; vaccinations</p>

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

<input checked="" type="checkbox"/> Ante-natal/Post-natal classes	<input checked="" type="checkbox"/> Health management / Healthy lifestyle	<input checked="" type="checkbox"/> Orthodontic
<input checked="" type="checkbox"/> Audiology	<input checked="" type="checkbox"/> Hearing aids	<input checked="" type="checkbox"/> Orthotics (podiatric orthoses)
<input checked="" type="checkbox"/> Blood glucose monitors	<input checked="" type="checkbox"/> Home nursing	<input checked="" type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Dietetics/dietary advice	<input checked="" type="checkbox"/> Occupational therapy	<input checked="" type="checkbox"/> Speech therapy

## Ambulance cover

In WA 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



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

**\$136.80 / month**

(Before Rebate, Discount & Loading)

Available in WA

Call now **132331**  
Sponsor link

**Medibank Private Limited**

⊕ <http://medibank.com.au>  
✉ [ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)  
📞 132331

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/MBP/I115/WNIH1Y>