

**Medibank Private Limited**  
**My Choice Extras Move 75****\$184.90 / month**

(Before Rebate, Discount &amp; 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:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/WNII2Y****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><br>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><br>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><br>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><br>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><br>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><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  | \$750 per person                                                                                                        | <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> |
| ✓ Major dental            | 12 | \$450 per person<br>combined limit for endodontic & major dental                                                        | <ul style="list-style-type: none"> <li>Full crown veneered: \$700.8</li> </ul>                                                                                                                       |
| ✓ Non PBS pharmaceuticals | 2  | \$400 per person<br>combined limit for non pbs pharmaceuticals, psychology & vaccinations                               | <ul style="list-style-type: none"> <li>Per eligible prescription: \$31</li> </ul>                                                                                                                    |
| ✓ Optical                 | 6  | \$200 per person<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>                                         |
| ✓ Osteopathy              | 2  | No annual limit                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$44.6</li> <li>Subsequent visit: \$29.5</li> </ul>                                                                                            |
| ✓ Physiotherapy           | 2  | \$400 per person<br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$43.3</li> <li>Subsequent visit: \$36.7</li> </ul>                                                                                            |
| ✓ Psychology*             | 0  | \$400 per person<br>combined limit for non pbs pharmaceuticals, psychology & vaccinations                               | <ul style="list-style-type: none"> <li>Initial visit: \$128.52</li> <li>Subsequent visit: \$106.44</li> </ul>                                                                                        |
| ✓ Remedial massage        | 2  | \$200 per person                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$40.3</li> <li>Subsequent visit: \$25.9</li> </ul>                                                                                            |
| ✓ Vaccinations*           | 2  | \$400 per person<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**

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Podiatry                       |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy                  | ✗ 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



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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**

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