

**Medibank Private Limited**  
**My Choice Extras Family 75****\$103.60 / month**

(Before Rebate, Discount &amp; Loading)

Available in QLD

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:** Only one person.

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/I116/QNMH10**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>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$32.3</li><li>Subsequent visit: \$24.8</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$600 per policy</b><br>combined limit for ante-natal/post-natal classes, occupational therapy, speech therapy & other services         | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul>     |
| ✓ Chinese medicine                  | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$21.5</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$42.6</li><li>Subsequent visit: \$29.5</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,000 per policy</b><br>combined limit for endodontic & major dental                                                                  | <ul style="list-style-type: none"><li>Filling of one root canal: \$152.3</li></ul>                     |
| ✓ Exercise physiology*              | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$12</li></ul>   |

|                            |    |                                                                                                                                            |                                                                                                                                                                                                        |
|----------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Eye therapy (orthoptics) | 2  | <b>\$225 per policy</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>No annual limit applies to General dental</b>                                                                                           | <ul style="list-style-type: none"> <li>Fluoride treatment: \$14.4</li> <li>Scale &amp; clean: \$50.6</li> <li>Surgical tooth extraction: \$113.9</li> <li>Periodic oral examination: \$26.5</li> </ul> |
| ✓ Major dental             | 12 | <b>\$1,000 per policy</b><br>combined limit for endodontic & major dental                                                                  | <ul style="list-style-type: none"> <li>Full crown veneered: \$775.4</li> </ul>                                                                                                                         |
| ✓ Non PBS pharmaceuticals  | 2  | <b>\$400 per policy</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations                                           | <ul style="list-style-type: none"> <li>Per eligible prescription: \$31</li> </ul>                                                                                                                      |
| ✓ Occupational therapy     | 2  | <b>\$600 per policy</b><br>combined limit for ante-natal/post-natal classes, occupational therapy, speech therapy & other services         | <ul style="list-style-type: none"> <li>Initial visit: \$51.2</li> <li>Subsequent visit: \$34.5</li> </ul>                                                                                              |
| ✓ Optical                  | 6  | <b>\$225 per policy</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>                                           |
| ✓ Orthodontic              | 12 | <b>\$800 opening balance. Top-up of \$400 per year up to lifetime limit of \$2400</b>                                                      | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>                                                       |
| ✓ Osteopathy               | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$42.6</li> <li>Subsequent visit: \$29.5</li> </ul>                                                                                              |
| ✓ Physiotherapy            | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$45.2</li> <li>Subsequent visit: \$37.3</li> </ul>                                                                                              |
| ✓ Psychology*              | 0  | <b>\$400 per policy</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations                                           | <ul style="list-style-type: none"> <li>Initial visit: \$107.78</li> <li>Subsequent visit: \$89.26</li> </ul>                                                                                           |
| ✓ Remedial massage         | 2  | <b>\$200 per policy</b>                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$40.3</li> <li>Subsequent visit: \$25.9</li> </ul>                                                                                              |
| ✓ Speech therapy           | 2  | <b>\$600 per policy</b><br>combined limit for ante-natal/post-natal classes, occupational therapy, speech therapy & other services         | <ul style="list-style-type: none"> <li>Initial visit: \$66.5</li> <li>Subsequent visit: \$33.6</li> </ul>                                                                                              |
| ✓ Vaccinations*            | 2  | <b>\$400 per policy</b><br>combined limit for non pbs pharmaceuticals, psychology & vaccinations                                           | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                                                          |

Benefits for antenatal and postnatal services include birthing courses and lactation consultations with a registered midwife in private practice. Plus benefits towards Pregnancy Compression garments (2 mnth waiting period), \$60 per garment, Tens machine (2 mnth waiting period), hired device \$50 and purchased device \$100. Australian Breastfeeding Association membership (2 mnth waiting period) \$50.

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

- |                            |                                         |                                  |
|----------------------------|-----------------------------------------|----------------------------------|
| ✗ Audiology                | ✗ Health management / Healthy lifestyle | ✗ Home nursing                   |
| ✗ Blood glucose monitors   | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |
| ✗ Dietetics/dietary advice |                                         | ✗ Podiatry                       |

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

## Insurer Details



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My Choice Extras Family 75

**\$103.60 / month**

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Available in QLD

Call now  **132331**  
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**Medibank Private Limited**

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