

medibank

**Medibank Private Limited**  
**My Choice Extras Family 75****\$209.20 / 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/I116/SNMP2D****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 person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$31.7</li><li>Subsequent visit: \$24.8</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$600 per person</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 person</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 person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$43.3</li><li>Subsequent visit: \$28.2</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,000 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>                     |

|                                   |    |                                                                                                                                            |                                                                                                                                                                                                        |
|-----------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Exercise physiology*</b>     | 2  | <b>\$600 per person</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>                                                                                                |
| ✓ <b>Eye therapy (orthoptics)</b> | 2  | <b>\$225 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>                                                                                                  |
| ✓ <b>General dental*</b>          | 2  | <b>No annual limit applies to General dental</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> |
| ✓ <b>Major dental</b>             | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic & major dental                                                                  | <ul style="list-style-type: none"> <li>Full crown veneered: \$723.8</li> </ul>                                                                                                                         |
| ✓ <b>Non PBS pharmaceuticals</b>  | 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>                                                                                                                      |
| ✓ <b>Occupational therapy</b>     | 2  | <b>\$600 per person</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: \$51.1</li> <li>Subsequent visit: \$32.8</li> </ul>                                                                                              |
| ✓ <b>Optical</b>                  | 6  | <b>\$225 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>Orthodontic</b>              | 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>                                                       |
| ✓ <b>Osteopathy</b>               | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$43.3</li> <li>Subsequent visit: \$28.2</li> </ul>                                                                                              |
| ✓ <b>Physiotherapy</b>            | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"> <li>Initial visit: \$40.6</li> <li>Subsequent visit: \$34.1</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>Remedial massage</b>         | 2  | <b>\$200 per person</b>                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$37.4</li> <li>Subsequent visit: \$25.9</li> </ul>                                                                                              |
| ✓ <b>Speech therapy</b>           | 2  | <b>\$600 per person</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: \$70.3</li> <li>Subsequent visit: \$41.7</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>                                                                                                                          |

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

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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My Choice Extras Family 75

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Call now  **132331**  
Sponsor link

**Medibank Private Limited**

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 **132331**

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