

**Medibank Private Limited****Better Health Elite**

Corporate Policy

**\$191.55 / month**

(Before Rebate, Discount &amp; Loading)

Available in NSW &amp; ACT

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.

**Corporate policy:** Available to employees of a company that has an agreement with Medibank

This policy can only be purchased with certain hospital policies.

At Members' Choice extras providers you may get more for your cover. This includes 100% back on dental, optical, physio, chiro, remedial massage, acupuncture and podiatry up to the annual limit. See <https://www.medibank.com.au/health-insurance/find-provider/#/>.

**Policy ID:** MBP/I121/NRPK10**Source:** Private Health Information Statement (PHIS).

## Extras Cover

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

Note, for treatments marked with \*: A 12mth waiting period applies to surgical tooth extraction. Counselling (no waiting period) shares an annual limit with psychology. Vaccinations (non-PBS listed Flu vaccination only). Health Management Programs (Health Support Benefits) (2 mths waiting period) includes Quit Smoking Course, Nicotine Replacement Therapy, Exercise Class, Gym membership, Personal training session, Weight management class, Weight management course. Must be approved by a health practitioner. Home nursing benefits paid towards services by a recognised home nursing provider (not available in NT or TAS). Please contact Medibank for more information.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                                                                                                                            | Examples of maximum benefits                                                                                           |
|-------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 90% of charge</li><li>Subsequent visit: 90% of charge</li></ul>   |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$200 per policy</b><br>combined limit for ante-natal/post-natal classes & vaccinations                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"><li>Initial visit: 100% of charge</li><li>Subsequent visit: 100% of charge</li></ul> |
| ✓ Audiology                         | 2 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 90% of charge</li><li>Subsequent visit: 90% of charge</li></ul>   |

|                                          |    |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |
|------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors                 | 24 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Per monitor: 90% of charge</li> </ul>                                                                                                                                                      |
| ✓ Chinese medicine                       | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                                                                                           |
| ✓ Chiropractic                           | 2  | <b>\$800 per policy</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                                                                                           |
| ✓ Dietetics/dietary advice               | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                                                                                           |
| ✓ Endodontic                             | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Filling of one root canal: 90% of charge</li> </ul>                                                                                                                                        |
| ✓ Exercise physiology                    | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                                                                                           |
| ✓ Eye therapy (orthoptics)               | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                                                                                           |
| ✓ General dental*                        | 2  | <b>\$2,000 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Fluoride treatment: 90% of charge</li> <li>Scale &amp; clean: 90% of charge</li> <li>Surgical tooth extraction: 90% of charge</li> <li>Periodic oral examination: 90% of charge</li> </ul> |
| ✓ Health management / Healthy lifestyle* | 2  | <b>\$200 per policy</b>                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Health management: 100% of charge</li> </ul>                                                                                                                                               |
| ✓ Hearing aids                           | 36 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Hearing aid: 90% of charge</li> </ul>                                                                                                                                                      |

|                                  |    |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Home nursing*                  | 2  | <b>\$400 per policy</b>                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 100% of charge</li> <li>Subsequent visit: 100% of charge</li> </ul>                                    |
| ✓ Major dental                   | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Full crown veneered: 90% of charge</li> </ul>                                                                         |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Per eligible prescription: 90% of charge</li> </ul>                                                                   |
| ✓ Occupational therapy           | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                      |
| ✓ Optical                        | 6  | <b>\$350 per policy</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> |
| ✓ Orthodontic                    | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 90% of charge</li> </ul>              |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 90% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | <b>\$800 per policy</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                      |
| ✓ Physiotherapy                  | 2  | <b>\$800 per policy</b>                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                      |
| ✓ Podiatry                       | 2  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                      |
| ✓ Psychology*                    | 0  | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul>                                      |

|                    |   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         |
|--------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul> |
| ✓ Speech therapy   | 2 | <b>\$1,100 per policy</b><br>combined limit for acupuncture, audiology, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), podiatry, psychology, remedial massage & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 90% of charge</li> <li>Subsequent visit: 90% of charge</li> </ul> |
| ✓ Vaccinations*    | 2 | <b>\$200 per policy</b><br>combined limit for ante-natal/post-natal classes & vaccinations                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                           |

Health appliances and external prostheses (2mth waiting period), Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period), 90% back combined limit with Non-PBS Pharmaceuticals. Various benefit replacement periods apply. Benefits for antenatal and postnatal services including birthing courses and lactation consultations with a registered midwife in private practice. Plus benefits towards pregnancy compression garments (2 mth waiting period), TENS machine (2 mth waiting period), 100% back up to annual limit. Health subscriptions (refer to Medibank for approved organisations) \$200 per annum (combined limit with Health Management), 2 mth waiting period, 100% per subscription up to annual limit. Health screening tests (where no Medicare benefit is payable) \$400 per annum, 2 mth waiting period, 100% per test up to annual limit. Refer to Medibank for approved screening tests. Please contact Medibank for more information.

**Other features of this general treatment cover:** Get 90% back at any recognized providers and up to 100% back at our Members' Choice Advantage providers for selected services. 100% back on up to 2 check-ups each year at Members' Choice Advantage dentists and this doesn't count towards annual limits; No orthodontics lifetime limit

## Ambulance cover

In NSW & ACT 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**  
**Better Health Elite**

Corporate Policy

**\$191.55 / month**

(Before Rebate, Discount &amp; Loading)

Available in NSW &amp; ACT

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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