

**Medibank Private Limited**  
**Blue Ribbon Extras Premium****\$71.90 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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/I2/TBDA10

**Source:** Private Health Information Statement (PHIS)

## Extras Cover

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

Note, for treatments marked with \*: A 12 mth waiting period applies to surgical tooth extraction. Exercise physiology benefit is \$25 per individual consultations and \$15 per group consultation.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                                                              | Examples of maximum benefits                                                                           |
|-------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                 | <ul style="list-style-type: none"><li>Initial visit: \$39.4</li><li>Subsequent visit: \$28.6</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids & other services<br>sub-limits apply                                                           | <ul style="list-style-type: none"><li>Per monitor: \$180</li></ul>                                     |
| ✓ Chinese medicine                  | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage                                     | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul>     |
| ✓ Chiropractic                      | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                 | <ul style="list-style-type: none"><li>Initial visit: \$43</li><li>Subsequent visit: \$30.5</li></ul>   |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$33.6</li><li>Subsequent visit: \$25.2</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$400 per policy</b>                                                                                                                                                           | <ul style="list-style-type: none"><li>Filling of one root canal: \$97.6</li></ul>                      |

|                                  |    |                                                                                                                                                                                                       |                                                                                                                                                                                                   |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Exercise physiology*           | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$15</li> </ul>                                                                                             |
| ✓ Eye therapy (orthoptics)       | 2  | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$30.6</li> <li>Subsequent visit: \$24.5</li> </ul>                                                                                         |
| ✓ General dental*                | 2  | <b>No annual limit</b><br>sub-limits apply                                                                                                                                                            | <ul style="list-style-type: none"> <li>Fluoride treatment: \$17</li> <li>Scale &amp; clean: \$41</li> <li>Surgical tooth extraction: \$70.1</li> <li>Periodic oral examination: \$26.6</li> </ul> |
| ✓ Hearing aids                   | 36 | <b>\$800 per policy</b><br>combined limit for blood glucose monitors, hearing aids & other services<br>sub-limits apply                                                                               | <ul style="list-style-type: none"> <li>Hearing aid: \$640</li> </ul>                                                                                                                              |
| ✓ Major dental                   | 12 | <b>\$2,000 per policy</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                                                                                                        | <ul style="list-style-type: none"> <li>Full crown veneered: \$640</li> </ul>                                                                                                                      |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$600 per policy</b>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Per eligible prescription: \$40.7</li> </ul>                                                                                                               |
| ✓ Occupational therapy           | 2  | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$38.6</li> <li>Subsequent visit: \$23.4</li> </ul>                                                                                         |
| ✓ Optical                        | 6  | <b>\$250 per policy</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$210</li> <li>Single vision lenses &amp; frames: \$145</li> </ul>                                                        |
| ✓ Orthodontic                    | 12 | <b>\$2,000 per policy</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                                                                                                        | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$400</li> </ul>                                                           |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy                     | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                                                       |
| ✓ Osteopathy                     | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$30.5</li> </ul>                                                                                           |
| ✓ Physiotherapy                  | 2  | <b>\$700 per policy</b>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$30.6</li> </ul>                                                                                           |
| ✓ Podiatry                       | 2  | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.6</li> <li>Subsequent visit: \$23.4</li> </ul>                                                                                         |
| ✓ Psychology                     | 0  | <b>\$400 per policy</b>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Initial visit: \$105.89</li> <li>Subsequent visit: \$87.69</li> </ul>                                                                                      |

|                    |   |                                                                                                                                                                                   |                                                                                                        |
|--------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage<br>sub-limits apply                 | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul>     |
| ✓ Speech therapy   | 2 | <b>\$400 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$44.5</li><li>Subsequent visit: \$28.6</li></ul> |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period, fixed benefits, sublimits and benefit replacement periods apply shared combined annual limit with Hearing aids and Blood glucose monitors. School accidents, for pre-school, primary and secondary school students only, 2 mth waiting period, fixed benefit, annual limit \$800. Counselling (no waiting period) shares an annual limit with Psychology. Please contact Medibank for more information

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

- |                                 |                                         |                |
|---------------------------------|-----------------------------------------|----------------|
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Home nursing |
| ✗ Audiology                     |                                         | ✗ Vaccinations |

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

## Insurer Details



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Blue Ribbon Extras Premium

**\$71.90 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

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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