



Medibank Private Limited
Blue Ribbon Extras Premium

\$210.70 / month

(Before Rebate, Discount & 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 (and no-one else).

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/WBDG20

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 \$400 per person combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$34.4 Subsequent visit: \$25.2
✓ Blood glucose monitors	24 \$800 per person combined limit for blood glucose monitors, hearing aids & other services sub-limits apply	<ul style="list-style-type: none"> Per monitor: \$180
✓ Chinese medicine	2 \$400 per person combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ Chiropractic	2 \$400 per person combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$41.4 Subsequent visit: \$25.6
✓ Dietetics/dietary advice	2 \$400 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy	<ul style="list-style-type: none"> Initial visit: \$46.1 Subsequent visit: \$26
✓ Endodontic	12 \$400 per person	<ul style="list-style-type: none"> Filling of one root canal: \$96

✓ Exercise physiology*	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$15
✓ Eye therapy (orthoptics)	2	\$400 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy	<ul style="list-style-type: none"> Initial visit: \$36.7 Subsequent visit: \$26.5
✓ General dental*	2	No annual limit sub-limits apply	<ul style="list-style-type: none"> Fluoride treatment: \$19 Scale & clean: \$45.7 Surgical tooth extraction: \$90.4 Periodic oral examination: \$29.4
✓ Hearing aids	36	\$800 per person combined limit for blood glucose monitors, hearing aids & other services sub-limits apply	<ul style="list-style-type: none"> Hearing aid: \$640
✓ Major dental	12	\$2,000 per person combined limit for major dental & orthodontic sub-limits apply	<ul style="list-style-type: none"> Full crown veneered: \$640
✓ Non PBS pharmaceuticals	2	\$600 per person	<ul style="list-style-type: none"> Per eligible prescription: \$40.7
✓ Occupational therapy	2	\$400 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy	<ul style="list-style-type: none"> Initial visit: \$38.6 Subsequent visit: \$32.8
✓ Optical	6	\$250 per person sub-limits apply	<ul style="list-style-type: none"> Multi-focal lenses & frames: \$222 Single vision lenses & frames: \$157
✓ Orthodontic	12	\$2,000 per person combined limit for major dental & orthodontic sub-limits apply	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$400
✓ Orthotics (podiatric orthoses)	2	\$400 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy	<ul style="list-style-type: none"> Orthotics supply & fit: 80% of charge
✓ Osteopathy	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage	<ul style="list-style-type: none"> Initial visit: \$41.4 Subsequent visit: \$25.6
✓ Physiotherapy	2	\$700 per person	<ul style="list-style-type: none"> Initial visit: \$42.2 Subsequent visit: \$28.9
✓ Podiatry	2	\$400 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$37 Subsequent visit: \$29.4
✓ Psychology	0	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$128.52 Subsequent visit: \$106.44

✓ Remedial massage	2	\$400 per person	combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy & remedial massage sub-limits apply	<ul style="list-style-type: none">Initial visit: \$25Subsequent visit: \$25
✓ Speech therapy	2	\$400 per person	combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy	<ul style="list-style-type: none">Initial visit: \$88.9Subsequent visit: \$38.6

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

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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Call now 132331
Sponsor link

Medibank Private Limited

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