

**Medibank Private Limited**  
**Priority Optimal Extras****\$137.85 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & 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.

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/I42/NBJE10

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

## Extras Cover

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

| 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, chiropractic & remedial massage                              | <ul style="list-style-type: none"><li>Initial visit: \$20.8</li><li>Subsequent visit: \$15.8</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: \$150</li></ul>                                                                                 |
| ✓ Chiropractic                      | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chiropractic & remedial massage<br>sub-limits apply          | <ul style="list-style-type: none"><li>Initial visit: \$48.5</li><li>Subsequent visit: \$21.8</li></ul>                                             |
| ✓ Endodontic                        | 12 | <b>\$400 per policy</b>                                                                                                 | <ul style="list-style-type: none"><li>Filling of one root canal: \$85.5</li></ul>                                                                  |
| ✓ General dental                    | 2  | <b>\$1,000 per policy</b><br>sub-limits apply                                                                           | <ul style="list-style-type: none"><li>Fluoride treatment: \$22</li><li>Scale &amp; clean: \$49.4</li><li>Periodic oral examination: \$36</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: \$400</li></ul>                                                                                 |
| ✓ Major dental                      | 12 | <b>\$1,400 per policy</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                          | <ul style="list-style-type: none"><li>Surgical tooth extraction: \$74</li><li>Full crown veneered: \$570</li></ul>                                 |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$600 per policy</b>                                                                                                 | <ul style="list-style-type: none"><li>Per eligible prescription: \$31.1</li></ul>                                                                  |

|                           |    |                                                                                                                |                                                                                                                                         |
|---------------------------|----|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Optical</b>          | 6  | <b>\$250 per policy</b><br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: \$195</li><li>Single vision lenses &amp; frames: \$135</li></ul> |
| ✓ <b>Orthodontic</b>      | 12 | <b>\$1,400 per policy</b><br>\$2,400 lifetime limit<br>combined limit for major dental & orthodontic           | <ul style="list-style-type: none"><li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$400</li></ul>   |
| ✓ <b>Physiotherapy</b>    | 2  | <b>\$700 per policy</b>                                                                                        | <ul style="list-style-type: none"><li>Initial visit: \$43.4</li><li>Subsequent visit: \$24.2</li></ul>                                  |
| ✓ <b>Podiatry</b>         | 2  | <b>\$400 per policy</b><br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Initial visit: \$36.4</li><li>Subsequent visit: \$20.8</li></ul>                                  |
| ✓ <b>Psychology</b>       | 2  | <b>\$400 per policy</b>                                                                                        | <ul style="list-style-type: none"><li>Initial visit: \$112.96</li><li>Subsequent visit: \$93.55</li></ul>                               |
| ✓ <b>Remedial massage</b> | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chiropractic & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul>                                      |

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 | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Osteopathy                     |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy                  | ✗ Vaccinations                   |
| ✗ Exercise physiology           |                                         |                                  |

## 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



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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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