

**Medibank Private Limited**  
**Priority Standard Extras****\$81.65 / 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/I43/TBLJ10

**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>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$30.8</li><li>Subsequent visit: \$21.5</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Per monitor: \$150</li></ul>                                     |
| ✓ Chiropractic                      | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$33.5</li><li>Subsequent visit: \$22.9</li></ul> |

|                                   |    |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
|-----------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Dietetics/dietary advice</b> | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$25.2</li> <li>Subsequent visit: \$20.4</li> </ul>                                                |
| ✓ <b>Endodontic</b>               | 12 | <b>\$800 per policy</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Filling of one root canal: \$73.2</li> </ul>                                                                      |
| ✓ <b>Eye therapy (orthoptics)</b> | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$22.9</li> <li>Subsequent visit: \$20.4</li> </ul>                                                |
| ✓ <b>General dental</b>           | 2  | <b>\$800 per policy</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Fluoride treatment: \$15</li> <li>Scale &amp; clean: \$50.6</li> <li>Periodic oral examination: \$31.9</li> </ul> |
| ✓ <b>Hearing aids</b>             | 36 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Hearing aid: \$480</li> </ul>                                                                                     |
| ✓ <b>Major dental</b>             | 12 | <b>\$300 per policy</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$53.9</li> <li>Full crown veneered: \$480</li> </ul>                                  |
| ✓ <b>Non PBS pharmaceuticals</b>  | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Per eligible prescription: \$35.6</li> </ul>                                                                      |
| ✓ <b>Occupational therapy</b>     | 2  | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$30.2</li> <li>Subsequent visit: \$19.4</li> </ul>                                                |
| ✓ <b>Optical</b>                  | 6  | <b>\$225 per policy</b><br>sub-limits apply                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$180</li> <li>Single vision lenses &amp; frames: \$120</li> </ul>               |
| ✓ <b>Orthodontic</b>              | 12 | <b>\$300 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>                  |

|                                         |   |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |
|-----------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ <b>Orthotics (podiatric orthoses)</b> | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                |
| ✓ <b>Osteopathy</b>                     | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.5</li> <li>Subsequent visit: \$22.9</li> </ul>  |
| ✓ <b>Physiotherapy</b>                  | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$33.5</li> <li>Subsequent visit: \$23</li> </ul>    |
| ✓ <b>Podiatry</b>                       | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$25.9</li> <li>Subsequent visit: \$20.4</li> </ul>  |
| ✓ <b>Psychology</b>                     | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$94.99</li> <li>Subsequent visit: \$82.6</li> </ul> |
| ✓ <b>Remedial massage</b>               | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>      |
| ✓ <b>Speech therapy</b>                 | 2 | <b>\$600 per policy</b><br>combined limit for acupuncture, blood glucose monitors, chiropractic, dietetics/dietary advice, eye therapy (orthoptics), hearing aids, non pbs pharmaceuticals, occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$34.6</li> <li>Subsequent visit: \$21.5</li> </ul>  |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period. Fixed benefits, sublimits and benefit replacement periods apply. These services share a combined annual limit with Hearing aids and Blood glucose monitors. 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 | ✗ Exercise physiology                   | ✗ Home nursing |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Vaccinations |
| ✗ Chinese medicine              |                                         |                |

## 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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Call now  **132331**  
Sponsor link

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 **132331**

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