



**Medibank Private Limited**  
**Priority Standard Extras**

**\$227.10 / month**

(Before Rebate, Discount & Loading)

Available in VIC

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:** One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: Medibank considers a child dependant to be aged up to 21.

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/VBLN1D

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 person up to \$1,000 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: \$25.1</li><li>Subsequent visit: \$15.8</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$600 per person up to \$1,000 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 person up to \$1,000 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: \$41.2</li><li>Subsequent visit: \$18.6</li></ul> |

|                            |    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |
|----------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Dietetics/dietary advice | 2  | <b>\$600 per person up to \$1,000 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: \$27.1</li> <li>Subsequent visit: \$15.8</li> </ul>                                                  |
| ✓ Endodontic               | 12 | <b>\$800 per person</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Filling of one root canal: \$72</li> </ul>                                                                          |
| ✓ Eye therapy (orthoptics) | 2  | <b>\$600 per person up to \$1,000 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: \$14.8</li> <li>Subsequent visit: \$10.2</li> </ul>                                                  |
| ✓ General dental           | 2  | <b>\$800 per person</b><br>combined limit for endodontic & general dental<br>sub-limits apply                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Fluoride treatment: \$15.5</li> <li>Scale &amp; clean: \$48.6</li> <li>Periodic oral examination: \$30.5</li> </ul> |
| ✓ Hearing aids             | 36 | <b>\$600 per person up to \$1,000 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>                                                                                       |
| ✓ Major dental             | 12 | <b>\$300 per person up to \$600 per policy</b><br>combined limit for major dental & orthodontic<br>sub-limits apply                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$69.1</li> <li>Full crown veneered: \$480</li> </ul>                                    |
| ✓ Non PBS pharmaceuticals  | 2  | <b>\$600 per person up to \$1,000 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: \$21.9</li> </ul>                                                                        |
| ✓ Occupational therapy     | 2  | <b>\$600 per person up to \$1,000 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: \$30.5</li> <li>Subsequent visit: \$18</li> </ul>                                                    |
| ✓ Optical                  | 6  | <b>\$225 per person</b><br>sub-limits apply                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$189</li> <li>Single vision lenses &amp; frames: \$129</li> </ul>                 |
| ✓ Orthodontic              | 12 | <b>\$300 per person up to \$600 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>\$600 per person up to \$1,000 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>                 |
| ✓ Osteopathy                     | 2 | <b>\$600 per person up to \$1,000 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: \$41.2</li> <li>• Subsequent visit: \$18.6</li> </ul> |
| ✓ Physiotherapy                  | 2 | <b>\$600 per person up to \$1,000 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: \$43</li> <li>• Subsequent visit: \$21.7</li> </ul>   |
| ✓ Podiatry                       | 2 | <b>\$600 per person up to \$1,000 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: \$36.4</li> <li>• Subsequent visit: \$17.7</li> </ul> |
| ✓ Psychology                     | 2 | <b>\$600 per person up to \$1,000 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: \$102</li> <li>• Subsequent visit: \$88.7</li> </ul>  |
| ✓ Remedial massage               | 2 | <b>\$600 per person up to \$1,000 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>     |
| ✓ Speech therapy                 | 2 | <b>\$600 per person up to \$1,000 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: \$49.1</li> <li>• Subsequent visit: \$23.6</li> </ul> |

Health appliances and external prostheses 2mth waiting period, Breathing appliances 12 mth waiting period. Fixed benefits, sublimits and benefit replacement periods apply. 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

In VIC 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**  
Priority Standard Extras

**\$227.10 / month**

(Before Rebate, Discount & Loading)


Available in VIC

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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