

**Medibank Private Limited**  
**Priority Starter Extras****\$98.40 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

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/I44/SBMT1D

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                                                                                                                           |
|-------------------------------------|----|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                        | 12 | <b>\$500 per person</b><br>combined limit for endodontic & general dental sub-limits apply | <ul style="list-style-type: none"><li>Filling of one root canal: \$85</li></ul>                                                                        |
| ✓ General dental                    | 2  | <b>\$500 per person</b><br>combined limit for endodontic & general dental sub-limits apply | <ul style="list-style-type: none"><li>Fluoride treatment: \$16.1</li><li>Scale &amp; clean: \$51.2</li><li>Periodic oral examination: \$29.9</li></ul> |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$300 per person</b>                                                                    | <ul style="list-style-type: none"><li>Per eligible prescription: \$30.6</li></ul>                                                                      |
| ✓ Optical                           | 6  | <b>\$200 per person</b><br>sub-limits apply                                                | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: \$175</li><li>Single vision lenses &amp; frames: \$115</li></ul>                |
| ✓ Physiotherapy                     | 2  | <b>\$300 per person</b>                                                                    | <ul style="list-style-type: none"><li>Initial visit: \$32.9</li><li>Subsequent visit: \$23</li></ul>                                                   |

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Osteopathy                     |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Major dental                          | ✗ Remedial massage               |
| ✗ Chiropractic                  | ✗ Occupational therapy                  | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      | ✗ Orthodontic                           | ✗ Vaccinations                   |
| ✗ Exercise physiology           |                                         |                                  |

## Ambulance cover

In SA 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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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/MBP/I44/SBMT1D>