



Medibank Private Limited  
Special Extras

**\$62.30 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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/I6/DOVD1D

Source: [Private Health Information Statement \(PHIS\)](#).

Extras Cover

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

Note, for treatments marked with \*: A 12 month waiting period applies to surgical tooth extraction. A 2 month waiting period applies for periodontics in major dental.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated              | Examples of maximum benefits                                                                                                                                                              |
|-------------------------------------|----|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2  | \$250 per person<br>combined limit for chiropractic & osteopathy  | <ul style="list-style-type: none"><li>Initial visit: \$18</li><li>Subsequent visit: \$14</li></ul>                                                                                        |
| ✓ Endodontic                        | 2  | No annual limit<br>combined limit for endodontic & general dental | <ul style="list-style-type: none"><li>Filling of one root canal: \$40</li></ul>                                                                                                           |
| ✓ Eye therapy (orthoptics)          | 2  | \$200 per person                                                  | <ul style="list-style-type: none"><li>Initial visit: \$20</li><li>Subsequent visit: \$12</li></ul>                                                                                        |
| ✓ General dental*                   | 2  | No annual limit<br>combined limit for endodontic & general dental | <ul style="list-style-type: none"><li>Fluoride treatment: \$8</li><li>Scale &amp; clean: \$24</li><li>Surgical tooth extraction: \$31</li><li>Periodic oral examination: \$12.5</li></ul> |
| ✓ Major dental*                     | 12 | \$750 per person                                                  | <ul style="list-style-type: none"><li>Full crown veneered: \$300</li></ul>                                                                                                                |
| ✓ Non PBS pharmaceuticals           | 2  | \$300 per person                                                  | <ul style="list-style-type: none"><li>Per eligible prescription: \$30</li></ul>                                                                                                           |
| ✓ Occupational therapy              | 2  | \$200 per person                                                  | <ul style="list-style-type: none"><li>Initial visit: \$12</li><li>Subsequent visit: \$12</li></ul>                                                                                        |

|                                  |    |                                                                                  |                                                                                                                                                              |
|----------------------------------|----|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Optical                        | 6  | \$170 per person                                                                 | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul> |
| ✓ Orthodontic                    | 12 | \$350 per person<br>\$1,800 lifetime limit                                       | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>             |
| ✓ Orthotics (podiatric orthoses) | 2  | \$200 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 100% of charge</li> </ul>                                                                 |
| ✓ Osteopathy                     | 2  | \$250 per person<br>combined limit for chiropractic & osteopathy                 | <ul style="list-style-type: none"> <li>Initial visit: \$18</li> <li>Subsequent visit: \$14</li> </ul>                                                        |
| ✓ Physiotherapy                  | 2  | \$400 per person                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$16</li> <li>Subsequent visit: \$14</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | \$200 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$15</li> <li>Subsequent visit: \$15</li> </ul>                                                        |
| ✓ Psychology                     | 0  | \$200 per person                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$110.89</li> <li>Subsequent visit: \$96.42</li> </ul>                                                 |
| ✓ Speech therapy                 | 2  | \$200 per person                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$12</li> </ul>                                                        |

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

- |                                 |                                         |                    |
|---------------------------------|-----------------------------------------|--------------------|
| ✗ Acupuncture                   | ✗ Chinese medicine                      | ✗ Hearing aids     |
| ✗ Ante-natal/Post-natal classes | ✗ Dietetics/dietary advice              | ✗ Home nursing     |
| ✗ Audiology                     | ✗ Exercise physiology                   | ✗ Remedial massage |
| ✗ Blood glucose monitors        | ✗ Health management / Healthy lifestyle | ✗ Vaccinations     |

**Other features of this general treatment cover:** Counselling (no waiting period) shares an annual limit with Psychology. Please contact Medibank for more information.

## Ambulance cover

In NT 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>

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 **132331**

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