



**Medibank Private Limited**  
**Better Health 80**

Corporate Policy

**\$135.10 / month**

(Before Rebate, Discount & Loading)

Available in QLD

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.

**Corporate policy:** Available to employees of a company that has an agreement with Medibank

This policy can only be purchased with certain hospital policies.

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/I78/QRMQ10

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

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                  | Examples of maximum benefits                                                                                         |
|-------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Blood glucose monitors            | 24 | <b>\$500 per policy</b><br>combined limit for blood glucose monitors, eye therapy (orthoptics), hearing aids & other services                                                                                                         | <ul style="list-style-type: none"><li>Per monitor: 80% of charge</li></ul>                                           |
| ✓ Chinese medicine                  | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy & podiatry                                                                                                                     | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |

|                                  |    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Dietetics/dietary advice       | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                           |
| ✓ Endodontic                     | 12 | <b>\$1,750 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                | <ul style="list-style-type: none"> <li>Filling of one root canal: 80% of charge</li> </ul>                                                                                                                                        |
| ✓ Exercise physiology            | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                           |
| ✓ Eye therapy (orthoptics)       | 2  | <b>\$500 per policy</b><br>combined limit for blood glucose monitors, eye therapy (orthoptics), hearing aids & other services                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                           |
| ✓ General dental*                | 2  | <b>\$1,750 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                | <ul style="list-style-type: none"> <li>Fluoride treatment: 80% of charge</li> <li>Scale &amp; clean: 80% of charge</li> <li>Surgical tooth extraction: 80% of charge</li> <li>Periodic oral examination: 80% of charge</li> </ul> |
| ✓ Hearing aids                   | 36 | <b>\$500 per policy</b><br>combined limit for blood glucose monitors, eye therapy (orthoptics), hearing aids & other services                                                                                                         | <ul style="list-style-type: none"> <li>Hearing aid: 80% of charge</li> </ul>                                                                                                                                                      |
| ✓ Major dental                   | 12 | <b>\$1,750 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                | <ul style="list-style-type: none"> <li>Full crown veneered: 80% of charge</li> </ul>                                                                                                                                              |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> <li>Per eligible prescription: 80% of charge</li> </ul>                                                                                                                                        |
| ✓ Occupational therapy           | 2  | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                           |
| ✓ Optical                        | 6  | <b>\$260 per policy</b>                                                                                                                                                                                                               | <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 | <b>\$1,750 per policy</b><br>combined limit for endodontic, general dental, major dental & orthodontic                                                                                                                                | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 80% of charge</li> </ul>                                                                                   |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy & podiatry                                                                                                                     | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                                                                                       |
| ✓ Osteopathy                     | 2  | <b>\$600 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy & podiatry                                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                           |

|                    |   |                                                                                                                                                                                                                                       |                                                                                                                      |
|--------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| ✓ Physiotherapy    | 2 | <b>\$600 per policy</b>                                                                                                                                                                                                               | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Podiatry         | 2 | <b>\$600 per policy</b><br>combined limit for chiropractic, orthotics (podiatric orthoses), osteopathy & podiatry                                                                                                                     | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Psychology       | 0 | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Remedial massage | 2 | <b>\$300 per policy</b>                                                                                                                                                                                                               | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Speech therapy   | 2 | <b>\$750 per policy</b><br>combined limit for acupuncture, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, non pbs pharmaceuticals, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |

Health appliances and external prostheses (2mth waiting period), Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period), 80% back up to annual limit, \$500 annual limit shared with Hearing Aids. Various benefit replacement periods apply. 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**

✗ Audiology

✗ Health management / Healthy lifestyle

✗ Home nursing

✗ Vaccinations

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

## Insurer Details



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**\$135.10 / month**

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Available in QLD

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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