



Medibank Private Limited  
Top Extras 75

**\$245.60 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

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:** Two adults (and no-one else).

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/198/NLUW20

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. Exercise physiology benefit is \$21.50 for individual consultations and \$12.00 for group consultations.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                | Examples of maximum benefits                                                                           |
|-------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$33</li><li>Subsequent visit: \$23</li></ul>     |
| ✓ Blood glucose monitors            | 24 | <b>\$200 per person</b>                                                                                             | <ul style="list-style-type: none"><li>Per monitor: 100% of charge</li></ul>                            |
| ✓ Chinese medicine                  | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$21.5</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy                                             | <ul style="list-style-type: none"><li>Initial visit: \$52.5</li><li>Subsequent visit: \$36.1</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person</b>                                                                                             | <ul style="list-style-type: none"><li>Initial visit: \$52.5</li><li>Subsequent visit: \$29</li></ul>   |
| ✓ Endodontic                        | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic & major dental                                           | <ul style="list-style-type: none"><li>Filling of one root canal: \$123.6</li></ul>                     |
| ✓ Exercise physiology*              | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$21.5</li><li>Subsequent visit: \$12</li></ul>   |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$400 per person</b>                                                                                             | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$35</li></ul>     |

|                                  |    |                                                                                                              |                                                                                                                                                                                                    |
|----------------------------------|----|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental*                | 2  | No annual limit                                                                                              | <ul style="list-style-type: none"> <li>Fluoride treatment: \$16.7</li> <li>Scale &amp; clean: \$50</li> <li>Surgical tooth extraction: \$125</li> <li>Periodic oral examination: \$27.6</li> </ul> |
| ✓ Hearing aids                   | 36 | \$800 per person                                                                                             | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                                                      |
| ✓ Major dental                   | 12 | \$1,000 per person<br>combined limit for endodontic & major dental                                           | <ul style="list-style-type: none"> <li>Full crown veneered: \$775.5</li> </ul>                                                                                                                     |
| ✓ Non PBS pharmaceuticals        | 2  | \$400 per person                                                                                             | <ul style="list-style-type: none"> <li>Per eligible prescription: \$31</li> </ul>                                                                                                                  |
| ✓ Occupational therapy           | 2  | \$400 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$59.8</li> <li>Subsequent visit: \$35.5</li> </ul>                                                                                          |
| ✓ Optical                        | 6  | \$225 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 | \$800 per person<br>\$2,400 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  | \$400 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                             | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 75% of charge</li> </ul>                                                                                                        |
| ✓ Osteopathy                     | 2  | \$400 per person<br>combined limit for chiropractic & osteopathy                                             | <ul style="list-style-type: none"> <li>Initial visit: \$52.5</li> <li>Subsequent visit: \$36.1</li> </ul>                                                                                          |
| ✓ Physiotherapy                  | 2  | \$600 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$47.9</li> <li>Subsequent visit: \$40</li> </ul>                                                                                            |
| ✓ Podiatry                       | 2  | \$400 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                             | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$33.3</li> </ul>                                                                                            |
| ✓ Psychology                     | 0  | \$400 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$112.96</li> <li>Subsequent visit: \$93.55</li> </ul>                                                                                       |
| ✓ Remedial massage               | 2  | \$300 per person<br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$44.3</li> <li>Subsequent visit: \$29.9</li> </ul>                                                                                          |
| ✓ Speech therapy                 | 2  | \$400 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$75.4</li> <li>Subsequent visit: \$35</li> </ul>                                                                                            |

Health appliances and external prostheses 2 mth waiting period. Fixed benefits and various benefits replacement periods apply. \$400 annual limit. Breathing appliances (12mth waiting period) and Blood pressure monitors (24mth waiting period) 1 appliance every 36 months, shared annual limit with 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 | ✗ Health management / Healthy lifestyle | ✗ Home nursing |
| ✗ Audiology                     |                                         | ✗ Vaccinations |

## Ambulance cover

In NSW & ACT 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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