



**Medibank Private Limited**  
**Top Extras 75**

**\$291.90 / 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:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-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/198/QLVF2Y

**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: \$36.3</li><li>Subsequent visit: \$28.8</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: \$46.6</li><li>Subsequent visit: \$33.5</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person</b>                                                                                             | <ul style="list-style-type: none"><li>Initial visit: \$48.1</li><li>Subsequent visit: \$30</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: \$152.3</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  | \$400 per person                                                                                             | <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: \$14.4</li> <li>Scale &amp; clean: \$50.6</li> <li>Surgical tooth extraction: \$113.9</li> <li>Periodic oral examination: \$26.5</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: \$775.4</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: \$51.2</li> <li>Subsequent visit: \$34.5</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: \$46.6</li> <li>Subsequent visit: \$33.5</li> </ul>                                                                                              |
| ✓ Physiotherapy                  | 2  | \$600 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$49.2</li> <li>Subsequent visit: \$41.3</li> </ul>                                                                                              |
| ✓ Podiatry                       | 2  | \$400 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                             | <ul style="list-style-type: none"> <li>Initial visit: \$38.9</li> <li>Subsequent visit: \$32.7</li> </ul>                                                                                              |
| ✓ Psychology                     | 0  | \$400 per person                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$107.78</li> <li>Subsequent visit: \$89.26</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: \$66.5</li> <li>Subsequent visit: \$33.6</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

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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Call now  **132331**  
Sponsor link

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 <http://medibank.com.au>

 [ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)

 **132331**

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