







# Cover Summary VIP Super Extras 85 – Qld

This provides an important summary of your cover and we recommend that you read and retain it. You can find out more information about your membership by referring to your Member Guide or calling us on 131 680.

## Extras cover

This table shows the services you can claim benefits for, annual limits, sub limits and waiting periods that apply to your extras cover.

Service	Waiting period	Annual limits & sub-limits
<b>Ambulance services<sup>+</sup></b>	2 months	No annual limit
<b>General dental</b> Includes preventative treatment, dental examinations, scale & clean Every member gets 100% back on two yearly check-ups at a Members' Choice dentist (excludes x-rays). And this doesn't count towards annual limits	2 months 	No annual limit (Sub limit of \$300 per member during the first 6 months of membership)
<b>Major dental (Sub limits apply)</b>		
• Inlay/onlay restorative (e.g. restorative fillings)	12 months	\$400
• Crowns, dentures & bridges 		\$350 increasing to \$1,000
• Orthodontics e.g. braces		\$350 increasing to \$1,000 Maximum lifetime limit \$3,000
• Periodontics (i.e. treatment of gum disease)		\$300
• Dental implants		\$350
<b>Optical items</b> Includes frames, prescription lenses & contact lenses	6 months	\$180 \$150 sub limit for contact lens items (Other sub limits apply)
<b>Physiotherapy</b> Includes consultations, group pilates & hydrotherapy sessions	2 months	\$350
<b>Prescription pharmaceutical (non-PBS)</b> Includes most prescription-only items not subsidised by the Government. Benefits will be paid after a set charge has been deducted. It's important to note that we don't pay benefits for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes	2 months	\$350
<b>Chiropractic &amp; osteopathy</b>	2 months	\$350 (up to \$700 per Family membership)
<b>Podiatry</b> – Consultations – Approved orthotics 	2 months	\$350 (\$150 sub limit)
<b>Dietetics</b>	2 months	\$350 Jenny Craig sub limit applies: \$100 per person per lifetime up to \$200 per membership
<b>Occupational therapy</b>	2 months	\$350
<b>Speech therapy</b>	2 months	\$350
<b>Eye therapy</b>	2 months	\$350
<b>Hearing aids</b>	36 months 	\$600 (Members with 10+ years of cover \$800)
<b>Breathing appliances</b> 	12 months 	
• Peak flow meters & nebulisers		\$120 (one per membership every 3 years)
• Spacing devices		\$45

<sup>+</sup>Waiting periods apply. For ambulance attendance or transportation to a hospital where immediate professional attention is required and your medical condition is such that you couldn't be transported any other way. Tasmania and Queensland have state schemes to cover ambulance services for residents of those states.

Service	Waiting period	Annual limits & sub-limits
<b>Blood glucose monitors</b>	24 months 	\$200 (per membership every 3 years)
<b>Approved external prostheses and appliances</b>	2 months 	\$500 Sub limits apply
<b>Clinical psychology</b> Consultations only	2 months	\$350
<b>School accident</b> For preschool, primary and secondary school students. Conditions apply	2 months	\$500

Benefit Replacement Periods apply. Referral letter required.

## ? What does it mean?

**Waiting periods:** A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items covered. You're not able to receive benefits for any items or services you might have obtained while you are serving a waiting period or before you joined Medibank.

**Annual limit and sub limit:** An annual limit is the maximum amount of benefits payable for an extras service, particular groups of extras services or items within a calendar year (i.e. 1 January – 31 December). The benefit is paid for a particular item or service within an overall annual limit. Where the annual limit increases, it will increase on 1 January, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership. A sub limit is a maximum amount you can receive on an annual basis (or within other defined periods of time) for a particular item or service within an overall annual limit. Benefits are paid per person per calendar year unless otherwise shown. For more information call us on 131 680.

## Benefit Replacement Periods (BRPs)

This is the period of time you need to wait from the date of purchase for an item before you can receive another benefit to replace it. This is separate to the waiting period. Below are the benefit replacement periods that apply to your cover. These apply per member, unless otherwise stated.

Additional restrictions may apply to some individual dental item numbers and services. Please contact us prior to your treatment.

Service category	Items	Benefit replacement period
<b>Health appliances and external prostheses</b>	External mammary prostheses and repairs of external prostheses	12 months
	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
<b>Blood glucose monitors</b>	Blood glucose monitors	36 months
<b>Breathing appliances</b>	Peak flow meters (per membership)	
	Spacing devices and nebulisers	
<b>General dental</b>	Mouth guards*	
<b>Major dental</b>	Dentures, crowns and bridges	
<b>Hearing aids</b>	Hearing aids	60 months

\*Members under the age of 18 are entitled to a benefit for a replacement mouth guard once every 12 months.

## Referral letter

A referral letter is required to claim benefits for some items under your cover. Refer to the Member Guide for more information.

## Things to note

- Benefits are only payable for extras services provided by recognised providers.
- The benefit we pay for a particular claim is likely to be less than the annual limit and less than your provider's charge. This means you'll usually have out-of-pocket expenses for each service or item.
- You might need to wait for a period of time from the date of purchase of some items before you are entitled to another benefit to replace the item (benefit replacement period).
- Additional restrictions may apply to the payment of benefits for some services.

Refer to your Member Guide for more information including the meaning of terms used in this document. To check whether a provider is a Members' Choice provider go to [medibank.com.au](http://medibank.com.au)

## How to find out more

If you'd like to find out more about your cover please refer to our Member Guide, which is a summary of our Fund Rules.

**Where possible before booking treatment, you should always call us on 131 680 to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.**

[medibank.com.au](http://medibank.com.au)

This information is current as at 1 February 2017 and subject to change from time to time. If you'd like to change your cover, please contact us on 131 680. Membership of Medibank Private is subject to our Fund Rules and policies which are summarised in our Member Guide.

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