

Cover Summary

Better Value 80

This cover must be taken with an eligible Hospital cover.



Here's a summary of the services and treatments provided by your cover. Please read it and keep it somewhere safe for future reference. For a better understanding of how your cover works refer to your Member Guide, which is a summary of our Fund Rules and policies, or call us on **1300 763 422**.

Extras cover


Here are the Extras services you can claim for, along with the limits and waiting periods that apply.

With this range of Extras products, you can claim a known percentage back at any recognised provider nationwide. That gives you the flexibility to use the service provider of your choice, knowing exactly what percentage of their charge you will receive back each time, up to your annual limit.


It's important to know that the benefit we pay for each service or item is likely to be less than your annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay.

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Ambulance services [^]	For eligible services where immediate professional attention is required	1 day	100%		No annual limit
General dental * Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (including bitewing x-rays where required). And this doesn't count towards annual limits. [±] 	Preventative treatment	2 months	80%		\$1,200
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental * 	Endodontic services (eg. root canal)	12 months	80%		\$1,500 per year up to a \$3,500 lifetime limit
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
	Oral appliances for sleep apnoea				
Orthodontics	Braces	12 months	80%		\$1,500 per year up to a \$3,500 lifetime limit
Optical *	Frames	6 months	100%		\$250
	Prescription lenses				
	Contact lenses				
Physiotherapy *	Consultations	2 months	80%		\$500
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic *	Consultations	2 months	80%		\$400
Osteopathy	Consultations				
Podiatry *	Consultations	2 months	80%		\$250
	Approved orthotics 				

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Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member		
			Members' Choice provider	Non-Members' Choice provider			
Remedial massage*	Consultations	2 months	80%		\$250		
Acupuncture*	Consultations						
Exercise physiology	Consultations						
Chinese medicine	Consultations						
Dietetics	Consultations only	2 months					
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (one per year per membership)	2 months					
	Lactation consultations with a midwife or other recognised provider						
Mental health support	Consultations for psychology and counselling	None			80%		\$500
Speech therapy	Consultations only	2 months					
Occupational therapy	Consultations only						
Non-PBS pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after a set charge has been deducted. Refer to your Member Guide for further details	2 months					
Blood glucose monitors and blood pressure monitors  	Purchase of devices only	24 months					
Health appliances and external prostheses  	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy bras and external mammary prostheses/ breast forms	2 months	80%		\$500		
Eye therapy	Consultations only	2 months					
Breathing appliances  	Peak flow meters, nebulisers, spacing devices only	12 months					
Hearing aids 	Purchase of devices	36 months					

 Benefit replacement periods apply.

 A referral letter is required. Refer to your Member Guide for more information.

* Members' Choice providers are available for these services only.

^ 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. TAS and QLD have State schemes to cover ambulance services for residents of those States.

± Members can claim a maximum of two 100% back dental check-ups per member, per year—either two check-ups at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a first check-up at a Members' Choice dentist (excluding x-rays) and a second check-up at a Members' Choice Advantage dentist. These check-ups do not count towards annual limits.

Things you need to know about your Extras cover

Waiting periods

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Annual limits

An annual limit is the maximum amount of benefits we pay towards services and/or items within a calendar year. A combined limit is an annual limit that applies to a group of services and/or items.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join Medibank within 2 months of leaving your previous health insurer, and you've already served the waiting period for that service. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

Lifetime limit

This is a once-only limit that isn't reset each year. When you reach this limit, you can no longer claim that benefit again, even if you change your cover.

Benefit Replacement Periods

This is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it. Below are the benefit replacement periods that apply to your cover. Additional limitations may apply to some individual dental items and services, please contact us on **1300 763 422** before your treatment.

Benefit replacement periods are separate to waiting periods.

Service category	Items	Benefit replacement period
General dental	Mouthguards	12 months
Health appliances and external prostheses	External mammary prostheses and repairs of external prostheses	12 months
	Wigs, hip protectors and insulin delivery pens	24 months
	Blood glucose monitors and blood pressure monitors	36 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Nebulisers, spacing devices and peak flow meters	
Major dental	Dentures, crowns and bridges	36 months
Hearing aids	Hearing aids	60 months

Making the most of your Extras cover

Use Members' Choice Extras providers

We've negotiated for you to get 100% back on a yearly check-up at any Members' Choice dentist (excludes x-rays) which doesn't count towards your annual limit. You can still use a non-Members' Choice Extras provider, as long as they're recognised by us, and you'll receive 80% of the charge back.[#] This is subject to your annual limit.

Members' Choice Advantage providers are part of our Members' Choice Network. If you visit a Members' Choice Advantage provider, you can get 100% back on up to two dental check-ups per year (includes bitewing x-rays if required). Plus you can also get 100% back on a mouthguard each year (subject to your annual limits and capped prices).

It's important to be aware that Medibank's Members' Choice and Members' Choice Advantage Extras providers are subject to change without notice, and are not available in all areas, so please check if they're a Members' Choice or Members' Choice Advantage provider before your treatment or service.

Find your nearest Members' Choice provider at medibank.com.au/memberschoice

Check your available Extras balances

You can see your available Extras balances online at My Medibank. You can also update your details, check what your cover includes and much more.

Best of all, it only takes two minutes to sign up for My Medibank, at medibank.com.au/members

You can also download the Medibank app on your smartphone. Just search for Medibank in your app store or go to medibank.com.au/mobile

How to find out more

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view online at medibank.com.au/glossary

[#] Charge refers to the amount charged by the provider for eligible services or items and benefits are subject to the Maximum Medibank Benefit (MMB).

This information is current as at 15 October 2020 and subject to change from time to time. If you'd like to change your cover, please contact us on **1300 763 422**.

Membership of Medibank Private is subject to our Fund Rules and policies which we can change from time to time and are summarised in our Member Guide.

Medibank Private Limited ABN 47 080 890 259