

Cover Summary

Growing Family 60 Extras Only.



Here’s a summary of the services and treatments we pay benefits towards on 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 132 331.

Making the most of your Extras cover.

Members’ Choice extras providers.

Through our Members’ Choice network, you’ll generally get better value for money with capped rates and a percentage back on what you’re charged. With a non-Members’ Choice provider, you’ll generally get back a Fixed Amount for that service regardless of the provider’s charge. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.

Get more value at Members’ Choice and Members’ Choice Advantage providers.

- 100% back on up to 2 check-ups each year at Members’ Choice Advantage dentists and this doesn’t count towards annual limits.[‡]
- 100% back on a mouthguard each year, subject to your annual limits and capped prices.
- 100% back on optical items up to your annual limit, and discounts on most lenses and lens options.[~]
- 100% back for kids at Members’ Choice providers.[#]

[‡] 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.


[~] Some items excluded. A 6 month waiting period applies.

[#] 100% back for kids applies to Child and Student Dependants only, up to annual limits. Waiting periods apply.










Included extras.

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







It’s important to know that the benefit we pay for services or items 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
Optical 	Frames	6 months	100%		\$200 per person / \$500 per membership
	Prescription lenses				
	Contact lenses				


(continued over page)


Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
General dental* 	Preventative treatment	2 months	60% (100% back for kids#)	Fixed Amount	\$750
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* 	Endodontic services (eg. root canal)	12 months	60% (100% back for kids#)	Fixed Amount	\$400 (Increases by \$50 per annum up to \$600) 
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Orthodontics*	Braces	12 months	100%		\$100 opening balance. Top up of \$100 per year. Up to a \$1,200 lifetime limit.
Physiotherapy 	Consultations	2 months	60% (100% back for kids#)	Fixed Amount	Combined limit of \$300
	Clinical pilates				
	Hydrotherapy sessions				
Podiatry 	Consultations				
	Approved orthotics 				
Chiropractic 	Consultations				
Osteopathy	Consultations		Fixed Amount		
Remedial massage 	Consultations	2 months	60% (100% back for kids#)	Fixed Amount	Combined limit of \$150 per person / \$300 per membership
Acupuncture 	Consultations				
Myotherapy	Consultations		Fixed Amount		
Exercise physiology	Consultations		Fixed Amount		
Chinese medicine	Consultations only				

(continued over page)

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (one per year per membership)	2 months	Fixed Amount		Combined limit of \$400 
	Lactation consultations with a midwife or other recognised provider				
Dietetics	Consultations	2 months			
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None			
	Pharmacogenetic testing for all conditions ⁺				
Speech therapy	Consultations	2 months			
Non-PBS pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after the PBS co-payment amount has been deducted. Refer to your Member Guide for further details	2 months			
Health appliances and external prostheses 	Insulin delivery pens, braces, splints, non-podiatric orthoses	2 months			
Pregnancy compression garments 	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician. Limited to 2 garments every 2 years	2 months			
TENS machines 	Purchase or hire of devices (limited to 6 weeks hire per calendar year)	2 months			
Health subscription	Australian Breastfeeding Association membership only	2 months			
Breathing appliances 	Peak flow meters, nebulisers and spacing devices only	12 months	100%		
Blood glucose monitors and blood pressure monitors 	Purchase of device only	24 months			

 Benefit restrictions 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.

^{*} Benefits will only be paid towards dental and orthodontic treatments that are administered in person (not via phone or online), by a recognised provider.

[#] 100% back for kids applies to Child and Student dependants only, up to annual limits. Waiting periods apply.

⁺ Medibank will pay benefits towards pharmacogenetic tests for all conditions. Benefits will only be paid towards pharmacogenetic tests administered in-person, or for approved home kits where supporting documentation from a medical practitioner outlining the clinical purpose is supplied.

(continued over page)

How do orthodontic benefits work?

Your orthodontic limit starts with an opening balance which you can access after your 12-month waiting period.

Every year on 1 January after this waiting period, the balance is topped up with an additional amount up to the maximum lifetime limit.

The benefits you can claim after your waiting period:

Opening
Balance

+

Any top ups

–

Any benefits
ever claimed*

=

The benefit
you can claim

* Includes benefits paid by Medibank or other private health insurers.

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.

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.

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.

Where the annual limit increases, it will increase on 1 January each year, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership.

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.

Fixed Amount.

This is the amount we'll pay towards the cost of an Extras service or item if you visit a non-Members' Choice provider. It will generally be lower than the amount you would receive when you visit a Members' Choice provider. The amount of the Fixed Amount depends on the cover you hold and the type of service or item you receive.

(continued over page)

Benefit restrictions.

The Benefit Replacement Periods on your cover are shown below. A Benefit Replacement Period is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it.

Benefit Replacement Periods are separate to waiting periods.

Service category	Items	Benefit Replacement Period
Health appliances and external prostheses	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
Pregnancy compression garments (Up to 2 garments)	Each garment	24 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Peak flow meters, spacing devices and nebulisers	
Major dental	Dentures, crowns and bridges	
TENS machine - purchase	1 machine	36 months

Additional limitations such as service restrictions (clinical reasonability rules) may apply to some individual dental items and services.

Limits also apply to how often you can claim on some extras services. For example, you can only claim on one mouthguard per person, per calendar year.

Please contact us on **132 331** before your treatment.

Helping you live better.

Use Members' Choice Extras providers.

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice providers. We've negotiated capped prices that Members' Choice Extras providers can charge, which generally means more money back in your pocket. You can still use a non-Members' Choice Extras provider, as long as they're recognised by Medibank, but you won't be able to take advantage of the capped pricing.

Members' Choice Advantage providers are part of our Members' Choice Network and you may enjoy even better value when you need to use eligible extras services at these providers.

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

Telehealth services.

Medibank pays towards telehealth consultations for some extras services, such as mental health support.

Refer to the Member Guide or medibank.com.au/telehealth to check what other services on your cover are available through telehealth.

Health support that never sleeps.

Medibank health insurance members can talk to a registered nurse or mental health professional at no extra cost.⁼ Chat over the phone or online with 24/7 Medibank Nurse Support and 24/7 Medibank Mental Health Support. Call **1800 644 325** or chat online using My Medibank.

⁼ Some referred services may involve out of pocket costs and waiting periods may apply.

(continued over page)

Manage your membership on the go.

Manage your membership anytime, anywhere with My Medibank. You can check extras balances, pay premiums, make claims on most extras, and update your details.

It only takes two minutes to sign up, just go to medibank.com.au/members to get started.

Live Better rewards.

We think Australians should be rewarded for looking after their health. That's why eligible Medibank members with Hospital or Extras cover can earn Live Better rewards points by tracking things they do every day like walking, eating healthy meals and more with Live Better rewards in My Medibank. Members can then redeem those points on anything from discounts on premium payments to rewards from our health and wellbeing partners.®

For more information visit medibank.com.au/livebetter/rewards

@ Medibank Live Better rewards terms and conditions: Must be 16 years or over to register for Medibank Live Better rewards. Must be a Medibank member with Hospital cover, Extras cover, or Hospital and Extras cover, be up-to-date with premium payments and have signed up to Medibank Live Better rewards with My Medibank to earn Live Better rewards points and to redeem rewards. Excludes Overseas Student Health Cover (OSHC), Ambulance only cover, ahm covers and other selected covers. Live Better Management Pty Ltd, ACN 003 457 289 has entered into commercial arrangements with Medibank Live Better rewards program partners and may receive commissions. Additional terms and conditions may apply to the redemption of a reward depending on the type of reward chosen. Some program partners and earning activities require a person to be at least 18 years of age to be eligible to earn and/or redeem a reward. See full Medibank Live Better rewards terms at medibank.com.au/livebetter/rewards/terms

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

This information is current as at 7 May 2025 and subject to change from time to time. If you'd like to change your cover, please contact us on **132 331**. 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