

Cover Summary

Medibank Corporate Thrive Extras 75.



This cover must be combined with an eligible Hospital cover.

Here's a summary of the services and treatments we pay benefits towards under 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 131 680.

Making the most of your Extras cover.

Members' Choice Extras providers.

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice providers. Through our Members' Choice network, you'll generally get better value for money with capped rates and a higher percentage back on what you're charged. With a non-Members' Choice provider, you'll generally get a lower percentage back on what you're charged for that service.[†] As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.

It's important to know that annual limits apply and out-of-pocket expenses are still likely to apply.

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

100% back on the first dental check-up each year at either a Members' Choice Advantage dentist (including x-rays) or Members' Choice dentist (excluding x-rays). 100% back on all clinically necessary subsequent check-ups at a Members' Choice Advantage dentist. These check-ups don't count towards annual limits.[‡]

100% back up to your annual limits, on your first consultation with a Members' Choice provider each year for selected services.[‡]

100% back on most optical items up to your annual limit, and discounts on most lenses and lens options.[‡]

100% back for kids at Members' Choice providers.[#]

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

[‡] A two month waiting period applies. No annual and visit limits apply for clinically necessary dental examinations, scaling, cleaning and fluoride treatments provided by Members' Choice and Members' Choice Advantage dentists. Members' Choice and Members' Choice Advantage dentists are not available in all areas. Different benefits and annual limits apply to other dental services included on your cover and for dental check-ups received at non-Members' Choice providers. Benefits for bitewing x-rays are limited to two per check-up and four per member, per year where clinically needed.

[‡] 100% back up to annual limits on your first Members' Choice consultation each year is for your first service at one of the following Members' Choice providers - physiotherapy, chiropractic, remedial massage, acupuncture or podiatry. Members' Choice providers not available in all areas. A 2 month waiting period applies.

[‡] 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.

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*	Preventative treatment	2 months	75% (100% back for kids [#])	60%	\$900
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (eg. root canal)	12 months	75% (100% back for kids [#])	60%	\$800
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				

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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	
Orthodontics*	Braces	12 months	100%		\$800 per year. Up to \$2,400 lifetime limit.
Optical 	Frames	6 months	100%		\$225
	Prescription lenses				
	Contact lenses				
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None	60%		Combined limit of \$400
	Pharmacogenetic testing for all conditions*		60%		
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	60% Maximum benefit per item of \$31 for pharmaceutical and \$35 for allergen extract applies		
Flu vaccinations&	Flu vaccinations	2 months	100%		
Physiotherapy 	Consultations	2 months	75% (100% back for kids#)	60%	
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic 	Consultations	60%			
Osteopathy	Consultations	60%			
Exercise physiology	Consultations	2 months	60%		Combined limit of \$200
Chinese medicine	Consultations only				
Acupuncture 	Consultations only		75% (100% back for kids#)	60%	
Remedial massage 	Consultations				
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (1 per year per membership)	2 months	60%		Combined limit of \$600 
	Lactation consultations with a midwife or other recognised provider				
Pregnancy compression garments 	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician. Limited to 2 garments every 2 years				
TENS machines 	Purchase or hire of devices (hire limited to 6 weeks per calendar year)				
Dietetics	Consultations only				
Australian Breastfeeding Association	Membership fees only				
Speech therapy	Consultations only				
Eye therapy	Consultations only				
Occupational therapy	Consultations only				

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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	
Health screening test ⊕	Mole mapping (skin checks), bone density tests, MRI's, retinal scans and bowel cancer screening tests where no Medicare benefits are payable	2 months	100%		\$150
Health support benefits ☆	Medibank approved Health support benefits eg. quit smoking programs, nicotine replacement therapy, exercise classes, gym memberships, personal trainers and weight management programs	2 months	60%		Combined limit of \$150
Health subscriptions	Membership fees for approved health bodies and organisations				
Podiatry MC	Consultations	2 months	75% (100% back for kids)	60%	\$250
	Approved orthotics 📄				

ⓘ Benefit restrictions apply.

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

⊕ Benefits payable for health screening test only, excludes GP and specialist consultation fees. Out-of-pocket expenses may apply.

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

☆ A health support benefits approval form must be completed by a health practitioner and the service must be intended to manage an existing health condition. This form is not required for nicotine replacement therapy. See your Member Guide for more information.

[^] 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 Dependents 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.

[&] Benefits are payable towards the influenza vaccine only and not payable towards any other fees, including administrative fees or GP consultations. Some individuals may be eligible for free influenza vaccines under a Commonwealth or State scheme, such as the National Immunisation Program, or similar schemes. Benefits are not payable where influenza vaccines are administered under such a scheme.

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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.

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 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
Major dental	Dentures, crowns and bridges	36 months
TENS machines	TENS machines	

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 an extras service. Please contact us on **131 680** before your treatment.

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Use Members' Choice Extras providers.

For some (but not all) services, Medibank has entered into arrangements with providers - these providers 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 Extras providers are part of our Members' Choice Network and you may enjoy even better value when you receive eligible extras services at these providers.

It's important to be aware that Medibank's Members' Choice and Members' Choice Advantage Extras providers are not available for all services, 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 consultations.

Medibank pays towards telehealth consultations for selected extras services included on your cover. Refer to the Member Guide or medibank.com.au/telehealth to check what services 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.

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, get rewarded.

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

[^] Some referred services may involve out of pocket costs and waiting periods may apply.

[®] 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