

## Private Health Information Statement - General treatment policy

### My Choice Extras Move 75

**Medibank Private Limited**

<http://medibank.com.au>  
ask\_us@medibank.com.au  
132331

**Monthly Premium**

**\$159.00 #**

(before any rebate or insurer discount)

**Covers 2 adults (and no-one else)**  
**Available in Queensland**

# 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.

### General Treatment Cover

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/#/>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: 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. Counselling (no waiting period) shares an annual limit with Psychology. Vaccinations - non-PBS listed flu vaccinations only.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|--------------------------|-------------------------|---|--|
| General dental*          | 2                       | \$750 per person  | Periodic oral examination - \$26.50<br>Scale & clean - \$50.60<br>Fluoride treatment - \$14.40<br>Surgical tooth extraction - \$113.90 |
| Major dental             | 12                      | \$450 per person<br>(combined limit for major dental & endodontic)  | Full crown veneered - \$775.40   |
| Endodontic               | 12                      |   | Filling of one root canal - \$152.30   |
| Optical                  | 6                       | \$200 per person<br>(combined limit for optical & eye therapy (orthoptics))   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge   |
| Non PBS pharmaceuticals  | 2                       | \$400 per person<br>(combined limit for non pbs pharmaceuticals, psychology & vaccinations)                               | Per eligible prescription - \$31.00  |
| Physiotherapy            | 2                       | \$400 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, chinese medicine & exercise physiology) | Initial visit - \$45.20<br>Subsequent visit - \$37.30  |
| Chiropractic             | 2                       |   | Initial visit - \$42.60<br>Subsequent visit - \$29.50  |
| Psychology*              | 0                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - \$107.78<br>Subsequent visit - \$89.26   |
| Acupuncture              | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$32.30<br>Subsequent visit - \$24.80  |
| Remedial massage         | 2                       | \$200 per person  | Initial visit - \$40.30<br>Subsequent visit - \$25.90  |
| Chinese medicine         | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$21.50<br>Subsequent visit - \$21.50  |
| Exercise physiology*     | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$21.50<br>Subsequent visit - \$12.00  |
| Eye therapy (orthoptics) | 2                       | Combined limit - see Optical  | Initial visit - \$45.00<br>Subsequent visit - \$35.00  |
| Osteopathy               | 2                       | No annual limit   | Initial visit - \$42.60<br>Subsequent visit - \$29.50  |

|               |   |  |                              |
|---------------|---|--|------------------------------|
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 100% of charge |
|---------------|---|--|------------------------------|

This policy **X does not include** General treatment (Extras) cover for

|                                 |                      |   |
|---------------------------------|----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Podiatry    |   |

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.