

PRODUCT SUMMARY

MID EXTRAS AND DENTAL COVER



Our Mid-Ranged Extras and Dental Cover gives you great everyday value, combining popular services like remedial massage, physiotherapy, chiropractic care, and essential health aids & appliances. With gap-free preventative dental and a full range of dental benefits included, it's a practical, affordable option that supports your health and wellbeing year-round

EXTRAS BENEFIT TABLE		MID EXTRAS		
SERVICE	WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
PHYSIOTHERAPY & OTHER THERAPIES				
Physiotherapy	2 months	Initial \$36 Standard \$32 Group* \$9	\$90*	\$540 person \$1,080 family
Exercise Physiology	2 months	Initial \$36 Standard \$32 Group* \$9	\$90*	
Occupational Therapy	2 months	Initial \$36 Standard \$32	x	
PODIATRY				
Podiatry	2 months	Initial \$42 Standard \$37	x	\$540 person \$1,080 family
Foot Orthotics	12 months	Set benefit per item	x	
DIETICIAN				
Dietician	2 months	Initial \$38 Standard \$34	x	\$540 person \$1,080 family
THERAPIES^A				
Remedial Massage	2 months	Initial \$29 Standard \$27	x	\$540 person \$1,080 family
Acupuncture	2 months	Initial \$29 Standard \$27	x	
Myotherapy	2 months	Initial \$29 Standard \$27	x	
Nutritionist	2 months	Initial \$29 Standard \$27	x	
Naturopathy	2 months	Initial \$29 Standard \$27	x	
CHIROPRACTIC & OSTEOPATHIC				
Chiropractic	2 months	Initial \$32 Standard \$27	x	\$540 person \$1,080 family
Osteopathic	2 months	Initial \$36 Standard \$32	x	

EXTRAS BENEFIT TABLE		MID EXTRAS		
SERVICE	WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
MENTAL HEALTH				
Clinical Psychology	2 months	Initial \$50 Standard \$45 Group \$10	x	\$540 person \$1,080 family
Counselling^	2 months	\$24	x	
Mental Health Social Worker^	2 months	No benefit	x	No benefit
OPTICAL				
Prescription Glasses & Contact Lenses	6 months	\$240 per person	x	\$240 per person
AMBULANCE SUBSCRIPTION				
Ambulance subscription refund	0 months	Family \$95 Single \$47.50	x	Equal to benefit
EYE THERAPY				
Eye Therapy	2 months	Initial \$36 Standard \$32	x	\$540 person \$1,080 family
SPEECH PATHOLOGY				
Speech Therapy	2 months	Initial \$46 Standard \$42	x	\$540 person \$1,080 family
HOME NURSING				
Visiting Nurse (Excludes midwifery services)	2 months	\$12	x	\$500 person \$1,000 family
PHARMACY				
Non PBS prescriptions	2 months	\$35	x	\$200 person \$400 family
HEALTH MANAGEMENT BENEFITS				
APPROVED PROGRAMS**	6 months	50%	x	\$200 person \$400 family
HEALTH AIDS & APPLIANCES^^				
Blood Glucose Monitor	36 months	\$200 every 3 years	x	\$1,000 person \$2,000 family
Blood Pressure Monitor	36 months	\$150 every 3 years	x	
TENS Machine	36 months	\$150 every 3 years	x	
Nebuliser	36 months	\$150 every 3 years	x	
CPAP Machine Only	36 months	\$400 every 3 years	x	
Hearing Aid	36 months	\$770 every 5 years	x	
Braces & Splints	12 months	75% up to \$500 every 3 years	x	

EXTRAS BENEFIT TABLE

MID EXTRAS

SERVICE	WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
HEALTH AIDS & APPLIANCES^^				
CAM Boot	12 months	75% up to \$500 every 3 years	x	Combined limit for health aids and appliances (as above)
Artificial limbs & Prosthesis	12 months	75% up to \$500 every 2 years	x	
Crutches, walking frame & walking stick (including hire of)	12 months	75% up to \$35 every 2 years	x	
Wigs	12 months	75% up to \$250 every 2 years	x	
Compression Garments*	12 months	75% up to \$250 every 2 years	x	

MID EXTRAS

All benefits are subject to waiting periods and benefit limitations.
 * Sub-limits apply to these services — see our Members information brochure for more information.
 Group benefits are not payable for Occupational Therapy.
 ^ Service provider must be accredited with the Australian Regional Health Group (ARHG).

^^ Health Aids and Appliances must be medically necessary and for the treatment of specific conditions.
 + Conditions apply, sport related garments are excluded. Contact the Fund for further information.
 ** See Health Management Benefits below.

HEALTH MANAGEMENT BENEFITS

MHF APPROVED PROGRAMS^

HEALTH SCREENINGS

Mole Mapping
 Removal of sun spots
 MRI, CT & PET scans
 Bowel cancer test kits
 Lung function tests

MHF APPROVED PROGRAMS^ MHF BENEFIT APPROVAL REQUIRED**

FITNESS & PREVENTION PROGRAMS

Swimming Lessons (persons aged 17 and under)
 Personal training programs
 Group training programs
 Pilates+
 Yoga+

IMPROVEMENT & WEIGHT MANAGEMENT PROGRAMS*

Quit Smoking
 Nicotine replacement
 Weight Watchers
 Tony Ferguson
 CSIRO Wellness Diet

HEALTH MANAGEMENT BENEFITS

^ Benefits payable for the treatment of a specific medical condition or injury only.
 # Fund benefits are not payable where a Medicare benefit is applicable.
 ** A MHF benefit approval form can be downloaded from our website mildurahealthfund.com.au or emailed to you on request.

* Services must be medically necessary and for the treatment of specific conditions. A MHF Benefit Approval is required for benefits to be payable.
 + Service provider must be accredited with the Australian Regional Health Group (ARHG).

DENTAL/EXTRAS BENEFIT TABLE		DENTAL				
SERVICE	WAITING PERIOD	BENEFIT	SUB-LIMIT*	FIRST YEAR MEMBERSHIP	LIFETIME LIMIT	CALENDAR YEAR LIMIT
GENERAL & MAJOR DENTAL						
Preventative Dental	2 months	100%^	x	\$350 Maximum benefit payable per person	x	\$1,050 Maximum benefit payable per person once first year is completed
General & Major Dental	2 months	70%^^	x		x	
Inlay/Onlay, Crown & Bridge, Implants, Indirect Restorations	2 months	As per MHF dental schedule	\$350 1 st Calendar year of membership		x	
			\$450 2 nd Calendar year of membership			
			\$500 3 rd Calendar year of membership			
			\$550 4 th Calendar year of membership			
			\$600 5 th Calendar year of membership			
\$650 6 th Calendar year of membership						
Dentures	12 months	(every 3 years^^^)	x	x		
Orthodontics	24 months	50% up to \$600	\$600 Per person per calendar year	\$1,500 Per person		

GENERAL & MAJOR DENTAL

^ Dental 100% benefit available at super dental providers.

^^ Percentage based on the MHF dental schedule.

^^^ Full set of dentures claimable every 3 years.

100% benefit payable for eligible services when provided at one of our agreement dental clinics.

DENTAL BENEFIT TABLE		DENTAL
SERVICE	BENEFIT	
PREVENTATIVE TREATMENT		
Periodical oral examination	\$59.85	
Emergency Consultation	\$37.65	
X-Ray	\$50.70	
Scale & Clean	\$122.70	
Fluoride Treatment	\$51.20	

DENTAL BENEFIT TABLE

DENTAL

SERVICE

BENEFIT

GENERAL & MAJOR DENTAL

Surgical Extraction	\$204
Filling - Adhesive one surface	\$110.60
Filling of one root canal	\$199.80
Full crown veneer	\$650
Full denture	\$1,050

Benefits subject to Dental limits.

IMPORTANT BENEFIT INFORMATION

MID EXTRAS

OPTICAL BENEFIT

Covers your prescription glasses and contact lenses that have been prescribed by a registered optometrist.

Non-prescription sunglasses are specifically excluded. Your claim for benefits will be processed as at the date you collect or receive your glasses or contact lenses, not the date that they are ordered. Glasses and contact lens maximums apply per calendar year.

AMBULANCE SUBSCRIPTION

Ambulance subscription benefits are payable on the subscription paid to an Ambulance service provider only.

Subscription costs and conditions vary from state to state. See our Member Information Brochure for 'Ambulance Explained.'

FOOT ORTHOTICS

Foot Orthotics must be prepared for the member by a registered podiatrist or a registered orthotist.

Pursuant to a referral from a registered podiatrist or doctor in the course of private practice. Benefits are not payable on pre-fabricated orthotics.

GROUP THERAPY

Group Therapy benefits are only payable when treatment is provided by a registered Physiotherapist, Exercise Physiologist or Clinical Psychologist.

Group Treatment is defined as when a patient does not have the provider's exclusive attention for the entire therapy session (e.g. more than one patient.)

DENTURES

Subject to waiting periods, benefits are limited to one full set of dentures per person every 3 year service years.

PHARMACY

All of our Extras covers include benefits towards the cost of Pharmaceutical Prescriptions that are not part of the Pharmaceutical Benefits Schedule (PBS).

Benefits are payable where all of the following apply;

- The drug, (includes vaccinations) is only available on prescription
- The drug is listed within the MIMS schedule as S4 or S8
- The drug is not recognised by the PBS

To make a claim, your pharmacy receipt must include;

- Script number
- Dispensed date and description of each medication
- Individual charge of each medication
- Full name of the person who received the medication
- Full name and street address of pharmacist
- Details of payment

TELEHEALTH BENEFITS

Telehealth consultation benefits apply to the following service types only;

- Psychology consultations
- Physiotherapy
- Dietitian
- Speech Pathology
- Occupational Therapy
- Podiatry
- Exercise Physiology

IMPORTANT:

All the information in this brochure is up to date as of 1 April 2026 and supersedes all previously published material. Things can change, sometimes quickly so keep in mind that benefits, rules, and details may be updated at any time.

Membership with Mildura Health Fund (and the benefits that come with it) are guided by the Private Health Insurance Act and our official Fund Rules.

Before you make any decisions about your cover, give this fact sheet a good read and hang onto it for later.

If you're having treatment and plan on making a claim, please contact us first. We can confirm exactly what you're covered for before you book in. It's also smart to review your cover regularly to make sure it still suits your health needs as life changes.

Need more details?

This document is an overview, but if you want extra information on any service or benefit, call us on (03) 5023 0269 or pop into one of our branches. We're always here to help.

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