

# Extras cover

| Services  | Premier Extras | Active Life Extras |
|---|----------------|--------------------|
| Acupuncture   | ✓              | ✓                  |
| Ambulance   | ✓              | ✗                  |
| Audiology (Hearing Tests)   | ✓              | ✗                  |
| Chiropractic  | ✓              | ✓                  |
| Dental – General  | ✓              | ✓                  |
| Dental – Major (excl. Orthodontics)   | ✓              | ✓                  |
| Diabetes Education  | ✓              | ✗                  |
| Diabetes Australia Membership   | ✓              | ✗                  |
| Dietetics   | ✓              | ✗                  |
| Eye Therapy (Orthoptics)  | ✓              | ✗                  |
| Funeral + (eligible members only)   | ✓              | ✗                  |
| Health Screening Checks   | ✓              | ✗                  |
| Hearing Aids  | ✓              | ✗                  |
| Home Nursing  | ✓              | ✗                  |
| Hydrotherapy  | ✓              | ✗                  |
| Laser Eye Surgery   | ✓              | ✗                  |
| Medical Appliances  | ✓              | ✗                  |
| Natural Therapy (incl. Remedial Massage)<br><i>See separate table below</i> | ✓              | ✓                  |
| Non-surgical Protheses  | ✓              | ✗                  |
| Occupational Therapy  | ✓              | ✗                  |
| Optical   | ✓              | ✓                  |
| Orthodontics  | ✓              | ✗                  |
| Orthotics   | ✓              | ✗                  |
| Osteopathy  | ✓              | ✓                  |
| Pharmacy  | ✓              | ✗                  |
| Physiotherapy   | ✓              | ✓                  |
| Podiatry / Chiropody  | ✓              | ✗                  |
| Psychology  | ✓              | ✗                  |
| Quit Smoking Programs   | ✓              | ✗                  |
| Speech Therapy  | ✓              | ✗                  |
| Surgical Footwear   | ✓              | ✗                  |
| Travel and Accommodation *  | ✓              | ✗                  |
| Weight Loss Programs  | ✓              | ✗                  |

\* When taken with a hospital cover (for full details refer to page 7)

+ Please refer to page 9 for special conditions relating to the funeral benefit

## Natural Therapy includes:

- Alexander technique
- Aromatherapy
- Bowen Therapy
- Chinese herbal medicine (Consultation only)
- Chiropractor
- Feldenkrais
- Homeopathy
- Iridology
- Kinesiology
- Massage
- Myotherapy
- Naturopathy
- Osteopathy
- Reflexology
- Rolwing
- Shiatsu

## Annual Limits and Services

An Annual Limit is the maximum amount of benefits that can be claimed for an individual or group of services within a calendar year. The limits are per person on the policy unless stated otherwise. A service limit is the maximum number of services that can be claimed for an individual service or group of services within a calendar year.

Benefits are payable at 100% of cost up to the service limit unless otherwise specified.

| Services  | Extras levels of cover |   |
|---|------------------------|---|
|   | Premier                | Active Life                                       |
| <b>Ambulance</b>  |                        |   |
| For emergency transport provided by a registered ambulance provider within Australia  | Cost                   | No cover  |
| <b>Alternative Therapies Group Annual Limit</b>   | <b>\$500</b>           | <b>\$400</b>                                      |
| <b>Chiropractic</b>   |                        |   |
| - Annual Limit  | \$500                  | \$400   |
| - Consultations   | \$33                   | \$22  |
| - X-Rays  | \$65                   | \$30  |
| <b>Osteopathy</b>   |                        |   |
| - Annual Limit  | \$500                  | \$400   |
| - Consultations   | \$33                   | \$22  |
| <b>Acupuncture</b>  |                        |   |
| - Annual Limit  | \$500                  | \$400   |
| - Consultations   | \$33                   | \$22  |
| <b>Natural Therapy (including massage)</b>  |                        |   |
| - Annual Limit  | \$500                  | \$400   |
| - Consultations   | \$33                   | \$22  |
| <b>Dental Treatment</b>   |                        |   |
| Benefits are paid according to the Australian Dental Association item number used. Benefits are payable at 90% of cost to a set maximum per item. For itemised quote please contact us. |                        |   |
| <b>General Dental Annual Limit</b>  | <b>No Limit</b>        | <b>\$500</b><br>(Including major dental)          |
| The maximum number of services in which a benefit will be paid on items 011 - 015 in total is 2 per year and 016 - 017 in total is 2 per year.  |                        |   |
| <b>Item 011</b> - comprehensive oral examination  | \$38                   | \$27  |
| <b>Item 121</b> - topical application of remineralisation agent   | \$22                   | \$13  |
| <b>Item 311</b> - removal of a tooth  | \$87                   | \$70  |
| <b>Item 511</b> - metallic filling 1 surface  | \$66                   | \$53  |
| <b>Major Dental</b>   |                        |   |
| <b>Crowns and Bridgework</b>  | up to \$1,000          | up to \$500<br>(Included in overall dental limit) |
| <b>Periodontics</b>   | up to \$700            | up to \$500<br>(Included in overall dental limit) |
| <b>Implants</b>   | up to \$1000           | up to \$500<br>(Included in overall dental limit) |
| <b>Dentures</b> - (benefits are payable every 2 years)  | up to \$1200           | No cover  |
| <b>Orthodontics</b>   |                        |   |
| - Lifetime Limit  | \$2,700                | No cover  |
| - Annual Limit per person   | up to \$900            | No cover  |

| Services  | Extras levels of cover  |  |
|---|---|--|
|   | Premier   | Active Life                                  |
| <b>Hearing Tests and Appliances</b>   |   |  |
| <b>Hearing Aids</b><br>Appliance limit every 3 years with a benefit payable of 90% of cost for: <ul style="list-style-type: none"> <li>- Single hearing aid</li> <li>- Bilateral hearing aid</li> <li>- Repairs (per year)</li> </ul>   | up to \$1,200<br>up to \$2,000<br>up to \$120   | No cover<br>No cover<br>No cover             |
| <b>Audiology (hearing tests)</b> <ul style="list-style-type: none"> <li>- Annual Limit</li> <li>- Initial Consultation</li> <li>- Subsequent Consultations</li> </ul>   | \$200<br>\$50<br>\$40   | No cover<br>No cover<br>No cover             |
| <b>Home Nursing</b>   |   |  |
| For a visit by a home nursing provider approved by the Fund.<br>Visit/treatment must be prescribed by a doctor. <ul style="list-style-type: none"> <li>- Annual Limit</li> <li>- Per Visit</li> </ul>   | \$500<br>\$25   | No cover<br>No cover                         |
| <b>Laser Eye Surgery (LASIK and ASLA eye surgery)</b>   |   |  |
| For laser eye surgery performed in a recognised day surgery facility registered for operation in a State. Annual maximum benefit entitlements per person increase with each completed year of membership, as follows: <ul style="list-style-type: none"> <li>1 year</li> <li>2 years</li> <li>3 years</li> <li>4 + years</li> </ul> | Nil<br>90% of cost up to \$500<br>90% of cost up to \$750<br>90% of cost up to \$1000 | No cover<br>No cover<br>No cover<br>No cover |
| <b>Life Choices Annual Limit</b>  | <b>\$350</b>  | <b>No Cover</b>                              |
| <b>Quit Smoking Programs</b><br>Programs must be approved by the Fund.  | 90% of cost up to \$150   | No cover                                     |
| <b>Weight Loss Programs</b><br>Programs must be approved by the Fund.   | 90% of cost up to \$150   | No cover                                     |
| <b>Diabetes Education</b> <ul style="list-style-type: none"> <li>- Annual Limit</li> <li>- Consultation</li> </ul>  | \$200<br>\$20   | No cover<br>No cover                         |
| <b>Diabetes Australia Membership</b>  | \$36  | No cover                                     |
| <b>Health Screening Checks</b><br>For health checks that are not eligible for Medicare benefits.<br>Screening services must be approved by the Fund. <ul style="list-style-type: none"> <li>- Annual Limit</li> <li>- Per Service</li> </ul>  | 90% of cost up to \$250<br>\$100  | No cover<br>No cover                         |
| <b>Medical Appliances (limit for same appliance every 3 years)</b>  |   |  |
| <b>Medical Appliances*</b><br>Prescribed by a specialist or doctor, including tens machine, nebuliser, glucose monitor, blood pressure monitor.   | 90% of cost up to \$500   | No cover                                     |
| <b>CPAP machine*</b>  | 90% of cost up to \$700   | No cover                                     |
| <b>Non-surgical Prostheses*</b>   |   |  |
| Items prescribed by a specialist or doctor, including breast prosthesis and surgical stockings  | 90% of cost up to \$200   | No cover                                     |

\* letter required from referred specialist

| Services  | Extras levels of cover   |                 |
|---|--|-----------------|
|   | Premier  | Active Life     |
| <b>Optical</b>  |  |                 |
| Annual Limit for supply of glasses and contact lens   | <b>\$250</b>   | <b>\$220</b>    |
| - Single Vision   | \$200  | \$170           |
| - Bifocal   | \$220  | \$190           |
| - Multifocal  | \$250  | \$220           |
| - Contact lenses - 90% of the cost  | up to \$225  | up to \$180     |
| Annual Limit for repairs to glasses   | <b>\$50</b>  | <b>\$50</b>     |
| <b>Other Therapies Annual Limit</b>   | <b>\$1,000</b>   | <b>No cover</b> |
| <b>Podiatry / Chiropody</b>   |  |                 |
| - Annual Limit  | \$300  | No cover        |
| - Initial Consultation  | \$30   | No cover        |
| - Subsequent Consultations  | \$27   | No cover        |
| - Nail surgery (excludes inpatient services)*   | \$100  | No cover        |
| <b>Orthotics Annual Limit</b>   | \$200  | No cover        |
| <b>Orthotic Casting Annual Limit</b>  | \$100  | No cover        |
| <b>Eye Therapy (Orthoptics)</b>   |  |                 |
| - Annual Limit  | \$375  | No cover        |
| - Initial Consultation  | \$30   | No cover        |
| - Subsequent Consultations  | \$25   | No cover        |
| - Group Session   | \$10   | No cover        |
| <b>Speech Therapy</b>   |  |                 |
| - Annual Limit  | \$375  | No cover        |
| - Initial Consultation  | \$50   | No cover        |
| - Subsequent Consultations  | \$30   | No cover        |
| - Group Session   | \$10   | No cover        |
| <b>Dietetics</b>  |  |                 |
| - Annual Limit  | \$200  | No cover        |
| - Initial Consultation  | \$35   | No cover        |
| - Subsequent Consultations  | \$30   | No cover        |
| <b>Occupational Therapy</b>   |  |                 |
| - Annual Limit  | \$375  | No cover        |
| - Initial Consultation  | \$40   | No cover        |
| - Subsequent Consultations  | \$30   | No cover        |
| - Group Session   | \$10   | No cover        |
| <b>Pharmacy</b>   | <b>\$1,000</b>   | <b>No cover</b> |
| - Per Script  | \$100  | No cover        |
| 100% less the applicable co-payment amount. The applicable co-payment is equivalent to the maximum cost for a pharmaceutical benefit item for a general patient under the pharmaceutical benefits scheme as determined by the Federal Government each year. Benefits are excluded for items that can be obtained without a prescription, contraceptives, anabolic steroids and drugs not approved in Australia. | An Annual Limit of \$600 applies for prescriptions for the following conditions: weight loss, baldness and male erectile dysfunction | No cover        |
| - Medical Botox (For treatment of a medical condition only)   |  |                 |
| 60% of cost up to annual limit.   | \$600  | No cover        |

\* letter required from referred specialist

| Services  | Extras levels of cover    |                 |
|---|---------------------------|-----------------|
|   | Premier                   | Active Life     |
| <b>Physiotherapy Group Annual Limit</b>   | <b>\$750</b>              | <b>\$400</b>    |
| <b>Physiotherapy</b>  |                           |                 |
| - Annual Limit  | \$700                     | \$400           |
| - Consultation  | \$33                      | \$22            |
| - Group Session   | \$15                      | \$10            |
| <b>Hydrotherapy</b>   |                           |                 |
| - Annual Limit  | \$300                     | No cover        |
| - Consultation / Treatment  | \$15                      | No cover        |
| <b>Psychology</b>   | <b>\$250</b>              | <b>No cover</b> |
| - Initial Consultation  | \$60                      | No cover        |
| - Subsequent Consultations  | \$50                      | No cover        |
| - Group Session   | \$20                      | No cover        |
| <b>Surgical Footwear &amp; Custom made support appliances</b>   |                           |                 |
| For surgical footwear and custom made support appliances prescribed by a specialist or doctor and individually made by a provider approved by the Fund.   | 90% of cost up to \$1,000 | No cover        |
| <b>Funeral (eligible members only)*</b>   |                           |                 |
| This benefit is only payable to members who had entitlement under the Rules in force prior to 1st April 2007. A benefit is payable to eligible members following the death of a member or dependent (refer waiting period). | \$1,150                   | No cover        |
| <b>Travel and Accommodation</b>   |                           |                 |
| Only payable if taken with a hospital cover. Benefits payable when attending a medical specialist or hospital more than 50kms from normal place of residence within home State.   |                           |                 |
| <b>Accommodation</b> - per night  | \$50                      | No cover        |
| <b>Travel</b> - per km  | 15 cents                  | No cover        |
| <b>Travel and Accommodation</b>   |                           |                 |
| - Maximum Per Trip per person   | \$125                     | No cover        |
| - Annual Limit per person   | \$300                     | No cover        |
| - Annual Limit per family   | \$800                     | No cover        |

**\*Note:** Federal Government legislation introduced on 1st April 2007 prohibits health funds from offering funeral benefit as an item in a complying health insurance product attracting the Government rebate. Consequently, members who joined the Premier Extras product on or after 1st April 2007 are not eligible to claim this benefit.