

Extras levels of cover

SERVICES	PREMIER PACKAGE	ACTIVE LIFE
Acupuncture	YES	YES
Ambulance	YES	NO
Audiology (Hearing Tests)	YES	NO
Chiropractic	YES	YES
Dental – General	YES	YES
Dental – Major (excl. Orthodontics)	YES	YES
Diabetes Education	YES	NO
Diabetes Australia Membership	YES	NO
Dietetics	YES	NO
Eye Therapy (Orthoptics)	YES	NO
Funeral* (eligible members only)	YES	NO
Health Screening Checks	YES	NO
Hearing Aids	YES	NO
Home Nursing	YES	NO
Hydrotherapy	YES	NO
Laser Eye Surgery	YES	NO
Medical Appliances	YES	NO
Natural Therapy (incl. Remedial Massage) See separate table below	YES	YES
Non-surgical Prosthesis	YES	NO
Occupational Therapy	YES	NO
Optical	YES	YES
Orthodontics	YES	NO
Orthotics	YES	NO
Osteopathy	YES	YES
Pharmacy	YES	NO
Physiotherapy	YES	YES
Podiatry / Chiropody	YES	NO
Psychology	YES	NO
Quit Smoking Programs	YES	NO
Speech Therapy	YES	NO
Surgical Footwear	YES	NO
Travel and Accommodation	YES	NO
Weight Loss Programs	YES	NO

* Funeral cover special conditions are on page 11



NATURAL THERAPY INCLUDES:

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

Annual limits and services

Annual limits and services per person, per calendar year

SERVICES	EXTRAS LEVELS OF COVER	
	PREMIER PACKAGE	ACTIVE LIFE
AMBULANCE		
For emergency transport provided by a registered ambulance provider within Australia	Cost	No cover
ALTERNATIVE THERAPIES GROUP ANNUAL LIMIT		
Chiropractic		
- Annual Limit	\$500	\$400
- Consultations	\$33	\$22
- X-Rays	\$65	\$30
Osteopathy		
- Annual Limit	\$500	\$400
- Consultations	\$33	\$22
Acupuncture		
- Annual Limit	\$500	\$400
- Consultations	\$33	\$22
Natural Therapy (including massage)		
- Annual Limit	\$500	\$400
- Consultations	\$33	\$22
DENTAL TREATMENT		
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 an itemised quote please contact us.		
GENERAL DENTAL ANNUAL LIMIT		
	NO LIMIT	\$500 (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 2 per year		
Item 011 - comprehensive oral examination	\$38	\$27
Item 121 - topical application of remineralisation agent	\$22	\$13
Item 311 - removal of a tooth	\$105	\$70
Item 511 - metallic filling 1 surface	\$104	\$57
MAJOR DENTAL		
Crowns and Bridgework	up to \$1,000	up to \$500*
Periodontics	up to \$700	up to \$500*
Implants	up to \$1000	up to \$500*
Dentures (benefits are payable every 2 years)	up to \$1200	No cover
Orthodontics		
- Lifetime Limit	\$2,700	No cover
- Annual Limit per person	up to \$900	No cover

*Included in overall dental limit



SERVICES

EXTRAS LEVELS OF COVER

	PREMIER PACKAGE	ACTIVE LIFE
HEARING TESTS AND APPLIANCES		
Hearing Aids Appliance limit every 3 years with a benefit payable of 90% of cost for: - Single hearing aid - Bilateral hearing aid - Repairs (per year)	up to \$1,200 up to \$2,000 up to \$120	No cover No cover No cover
Audiology (hearing tests) - Annual Limit - Initial Consultation - Subsequent Consultations	\$200 \$50 \$40	No cover No cover No cover
HOME NURSING		
For a visit by a home nursing provider approved by the Fund. Visit/treatment must be prescribed by a doctor. - Annual Limit - Per Visit	\$500 \$25	No cover No cover
LASER EYE SURGERY (LASIK AND LASA EYE SURGERY)		
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:		
1 year	Nil	No cover
2 years	90% of cost up to \$500	No cover
3 years	90% of cost up to \$750	No cover
4 + years	90% of cost up to \$1000	No cover
LIFE CHOICES ANNUAL LIMIT		
	\$350	NO COVER
Quit Smoking Programs Programs must be approved by the Fund.	90% of cost up to \$150	No cover
Weight Loss Programs Programs must be approved by the Fund.	90% of cost up to \$150	No cover
Diabetes Education - Annual Limit - Consultation	\$200 \$20	No cover No cover
Diabetes Australia Membership	\$36	No cover
Health Screening Checks For health checks that are not eligible for Medicare benefits. Screening services must be approved by the Fund. - Annual Limit - Per Service	90% of cost up to \$250 \$100	No cover No cover
MEDICAL APPLIANCES (LIMIT FOR SAME APPLIANCE EVERY 3 YEARS)		
Medical Appliances* Prescribed by a specialist or doctor, including TENS machine, nebuliser, glucose monitor, blood pressure monitor.	90% of cost up to \$500	No cover
CPAP machine*	90% of cost up to \$700	No cover
*Letter required from referring doctor or specialist		
NON-SURGICAL PROSTHESES*		
Items prescribed by a specialist or doctor, including breast prosthesis and surgical stockings	90% of cost up to \$200	No cover

Annual limits and services

Annual limits and services per person, per calendar year

SERVICES	EXTRAS LEVELS OF COVER	
	PREMIER PACKAGE	ACTIVE LIFE
OPTICAL		
Annual Limit for supply of glasses and contact lens	\$250	\$220
- 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	\$50	\$50
OTHER THERAPIES ANNUAL LIMIT		
	\$1,000	NO COVER
Podiatry / Chiropody		
- Annual Limit	\$300	No cover
- Initial Consultation	\$30	No cover
- Subsequent Consultations	\$27	No cover
- Nail surgery (excludes inpatient services)*	\$100	No cover
* letter required from referring specialist		
Orthotics Annual Limit	\$200	No cover
Orthotic Casting Annual Limit	\$100	No cover
Eye Therapy (Orthoptics)		
- Annual Limit	\$375	No cover
- Initial Consultation	\$30	No cover
- Subsequent Consultations	\$25	No cover
- Group Session	\$10	No cover
Speech Therapy		
- Annual Limit	\$375	No cover
- Initial Consultation	\$50	No cover
- Subsequent Consultations	\$30	No cover
- Group Session	\$10	No cover
Dietetics		
- Annual Limit	\$200	No cover
- Initial Consultation	\$35	No cover
- Subsequent Consultations	\$30	No cover
Occupational Therapy		
- Annual Limit	\$375	No cover
- Initial Consultation	\$40	No cover
- Subsequent Consultations	\$30	No cover
- Group Session	\$10	No cover
PHARMACY		
	\$1,000	NO COVER
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.	An Annual Limit of \$600 applies for prescriptions for the following conditions: weight loss, baldness and male erectile dysfunction	No cover
Benefits are excluded for items that can be obtained without a prescription, contraceptives, anabolic steroids and drugs not approved in Australia.		
Medical Botox (For treatment of a medical condition only)		
- 60% of cost up to annual limit.	\$600	No cover



SERVICES

EXTRAS LEVELS OF COVER

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PHYSIOTHERAPY GROUP ANNUAL LIMIT	\$750	\$400
Physiotherapy - Annual Limit - Consultation - Group Session Hydrotherapy - Annual Limit - Consultation / Treatment	\$700 \$33 \$15 \$300 \$15	\$400 \$22 \$10 No cover No cover
PSYCHOLOGY	\$250	NO COVER
Initial Consultation Subsequent Consultations Group Session	\$60 \$50 \$20	No cover No cover No cover
SURGICAL FOOTWEAR & CUSTOM MADE SUPPORT APPLIANCES		
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
FUNERAL (ELIGIBLE MEMBERS ONLY)*		
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 to waiting period).	\$1,150	No cover
TRAVEL AND ACCOMMODATION		
Benefits payable when attending a medical specialist or hospital more than 50kms from normal place of residence within home state.		
Accommodation - per night	\$50	No cover
Travel - per km	15 cents	No cover
Travel and Accommodation - Maximum Per Trip per person - Annual Limit per person - Annual Limit per family	\$125 \$300 \$800	No cover No cover No cover

There is an annual limit imposed on the dollar amount that can be claimed per service per year. Expenses beyond the set annual limit are exempt from cover.