

# OUR EXTRAS PRODUCTS

*Claiming made easy so  
you can enjoy the more  
important things in life.*



## Extras levels of cover

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

\* Funeral cover special conditions are on page 19

### NATURAL THERAPY INCLUDES:



Chinese medicine  
(Consultation only)

Chiropractor

Massage

Myotherapy

Osteopathy

# GOLD HOSPITAL

## with Premier Extras

Gold Hospital with Premier Extras combines the peace of mind of Gold Hospital with all the benefits of Premier Extras.

Gold Hospital with Premier Extras is ideal for those who want the comfort of knowing their hospital cover has them covered for all of life's unexpected twists and turns with extras cover to match.

If you're just starting out, starting a family or retired, Gold Hospital with Premier Extras is able to grow with you and your changing needs.

### Travel

For HCI to pay a benefit on travel and accommodation, members must have HCI's Gold Hospital with Premier Extras.

Annual limits and services per person, per calendar year.

## SERVICES

### EXTRAS LEVEL OF COVER

#### AMBULANCE

For emergency transport provided by a registered ambulance provider within Australia	Cost
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#### ALTERNATIVE THERAPIES GROUP ANNUAL LIMIT

\$500

##### Chiropractic

- Annual Limit	\$500
- Consultations	\$33
- X-Rays	\$65

##### Osteopathy

- Annual Limit	\$500
- Consultations	\$33

##### Acupuncture

- Annual Limit	\$500
- Consultations	\$33

##### Natural Therapy (including massage)

- Annual Limit	\$500
- Consultations	\$33

#### 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

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
Item 121 - topical application of remineralisation agent	\$22
Item 311 - removal of a tooth	\$105
Item 511 - metallic filling 1 surface	\$104

#### MAJOR DENTAL

Crowns and Bridgework	up to \$1,000
Periodontics	up to \$700
Implants	up to \$1,000
Dentures (benefits are payable every 2 years)	up to \$1,200
Orthodontics	
- Lifetime Limit	\$2,700
- Annual Limit per person	up to \$900

#### HEARING TESTS AND APPLIANCES

##### Hearing Aids

Appliance limit every 3 years with a benefit payable of 90% of cost for:	
- Single hearing aid	up to \$1,200
- Bilateral hearing aid	up to \$2,000
- Repairs (per year)	up to \$120

##### Audiology (hearing tests)

- Annual Limit	\$200
- Initial Consultation	\$50
- Subsequent Consultations	\$40

## SERVICES

### EXTRAS LEVEL OF 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	\$500
- Per Visit	\$25

#### LASER EYE SURGERY (LASIK AND ASLA EYE SURGERY)

For laser eye surgery performed in a registered day surgery facility. Annual maximum benefit entitlements per person increase with each completed year of membership, as follows:

1 year	Nil
2 years	90% of cost up to \$500
3 years	90% of cost up to \$750
4 + years	90% of cost up to \$1,000

#### LIFE CHOICES ANNUAL LIMIT

\$350

##### Quit Smoking Programs

Programs must be approved by the Fund.

90% of cost up to \$150

##### Weight Loss Programs

Programs must be approved by the Fund.

90% of cost up to \$150

##### Diabetes Education

- Annual Limit	\$200
- Consultation	\$20

##### Diabetes Australia Membership

\$36

##### Health Screening Checks

For health checks that are not eligible for Medicare benefits.  
Screening services must be approved by the Fund.

- Annual Limit	90% of cost up to \$250
- Per Service	\$100

#### 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

##### Non-surgical Prostheses\*

Items prescribed by a specialist or doctor, including breast prosthesis and surgical stockings.

90% of cost up to \$200

##### CPAP machine\*

\*Letter required from referring doctor or specialist

90% of cost up to \$700

#### OTHER THERAPIES ANNUAL LIMIT

\$1,000

##### Podiatry / Chiropody

- Annual Limit	\$300
- Initial Consultation	\$30
- Subsequent Consultations	\$27
- Nail surgery (excludes inpatient services)*	\$100

\*Letter required from referring specialist

##### Orthotics Annual Limit

\$200

##### Orthotic Casting Annual Limit

\$100

##### Eye Therapy (Orthoptics)

- Annual Limit	\$375
- Initial Consultation	\$30
- Subsequent Consultations	\$25
- Group Session	\$10



# GOLD HOSPITAL

with Premier Extras cover...

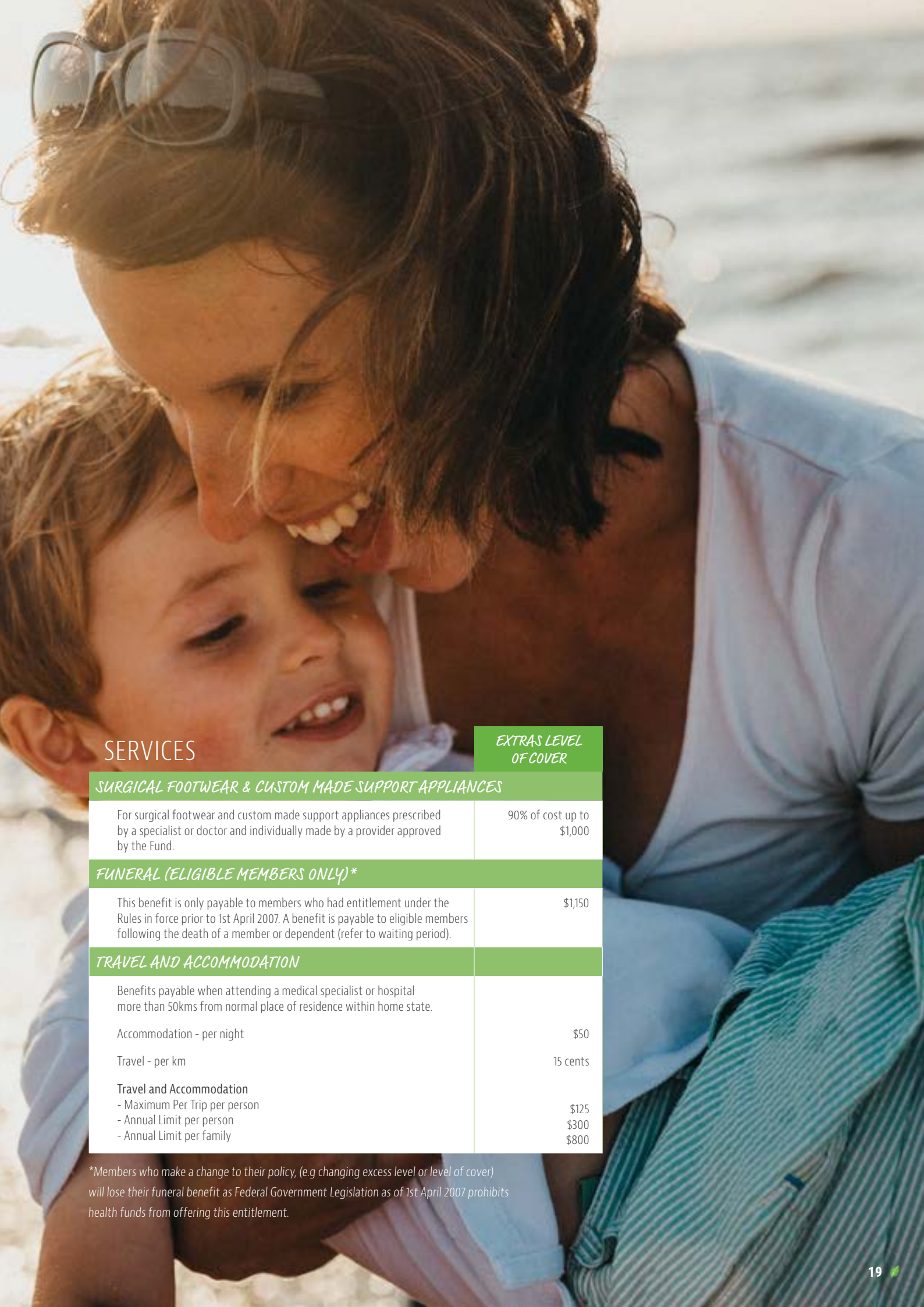
## SERVICES

	EXTRAS LEVEL OF COVER
<b>OTHER THERAPIES ANNUAL LIMIT</b>	<b>\$1,000</b>
<b>Speech Therapy</b> - Annual Limit - Initial Consultation - Subsequent Consultations - Group Session	 \$375 \$50 \$30 \$10
<b>Dietetics</b> - Annual Limit - Initial Consultation - Subsequent Consultations	 \$200 \$35 \$30
<b>Occupational Therapy</b> - Annual Limit - Initial Consultation - Subsequent Consultations - Group Session	 \$375 \$40 \$30 \$10
<b>OPTICAL</b>	
<b>Annual Limit for supply of glasses and contact lenses</b> - Single Vision - Bifocal - Multifocal - Contact lenses	 \$250 \$200 \$220 \$250 90% of the cost up to \$225
<b>Annual Limit for repairs to glasses</b>	\$50
<b>PHARMACY</b>	<b>\$1,000</b>
<b>Per Script</b> 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. <b>Medical Botox</b> (For treatment of a medical condition only) - 60% of cost up to annual limit.	 <b>\$100</b> An Annual Limit of \$600 applies for prescriptions for the following conditions: weight loss, baldness and male erectile dysfunction  \$600
<b>PHYSIOTHERAPY GROUP ANNUAL LIMIT</b>	<b>\$750</b>
<b>Physiotherapy</b> - Annual Limit - Consultation - Group Session	 \$700 \$33 \$15
<b>Hydrotherapy</b> - Annual Limit - Consultation / Treatment	 \$300 \$15
<b>PSYCHOLOGY</b>	<b>\$250</b>
Initial Consultation Subsequent Consultations Group Session	 \$60 \$50 \$20

### Please note

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.

Annual limits and services per person, per calendar year.



## SERVICES

### EXTRAS LEVEL OF COVER

<i>SURGICAL FOOTWEAR &amp; CUSTOM MADE SUPPORT APPLIANCES</i>	
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
<i>FUNERAL (ELIGIBLE MEMBERS ONLY)*</i>	
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
<i>TRAVEL AND ACCOMMODATION</i>	
Benefits payable when attending a medical specialist or hospital more than 50kms from normal place of residence within home state.	
Accommodation - per night	\$50
Travel - per km	15 cents
<b>Travel and Accommodation</b>	
- Maximum Per Trip per person	\$125
- Annual Limit per person	\$300
- Annual Limit per family	\$800

\*Members who make a change to their policy, (e.g changing excess level or level of cover) will lose their funeral benefit as Federal Government Legislation as of 1st April 2007 prohibits health funds from offering this entitlement.

# HEALTHY Extras

Healthy Extras is your gateway to living your best life. This extensive extras cover leaves little room for concern. It will help you live the life you want, meeting your day to day needs, and will have you back up and running through life's unforeseen situations.

Healthy Extras meets your needs of the now, designed with you in mind, Healthy Extras cover will keep up with you and all of life's demands.

You can combine Healthy Extras with Gold Hospital for a more comprehensive cover, complete with a range of **excess** options, you will have satisfaction of knowing you're putting your best foot forward.

Annual limits and services per person, per calendar year.

## SERVICES

### EXTRAS LEVEL OF COVER

SERVICES		EXTRAS LEVEL OF COVER
<b>AMBULANCE</b>		
For emergency transport provided by a registered ambulance provider within Australia		Cost
<b>ALTERNATIVE THERAPIES GROUP ANNUAL LIMIT</b>		<b>\$500</b>
<b>Chiropractic / Osteopathic</b>		
- Annual Limit		\$500
- Initial service		\$33
- Subsequent services		\$25
<b>Acupuncture</b>		
- Annual Limit		\$500
- Consultations		\$25
<b>Natural Therapy (including massage)</b>		
- Annual Limit		\$500
- Consultations		\$27
<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 an itemised quote please contact us.		
<b>GENERAL DENTAL ANNUAL LIMIT</b>		<b>\$1,000 (INCLUDING ENDODONTICS)</b>
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		
<b>Item 011</b> - comprehensive oral examination		\$25
<b>Item 121</b> - topical application of remineralisation agent		\$14
<b>Item 311</b> - removal of a tooth		\$70
<b>Item 511</b> - metallic filling 1 surface		\$68
<b>Endodontics</b>		\$500
<b>MAJOR DENTAL</b>		<b>\$1,500</b>
<b>Crowns and Bridgework</b>		\$700
<b>Periodontics</b>		\$500
<b>Implants</b>		\$700
<b>Dentures</b> (benefits are payable every 2 years)		\$800
<b>Orthodontics</b>		
- Lifetime Limit		\$1,800
- Annual Limit per person		\$600
<b>PSYCHOLOGY</b>		<b>\$250</b>
<b>Initial Consultation</b>		\$60
<b>Subsequent Consultations</b>		\$50
<b>Group Session</b>		\$20
<b>HEARING TESTS AND APPLIANCES</b>		
<b>Hearing Aids</b>		
Appliance limit every 3 years with a benefit payable of 90% of cost for:		
- Single hearing aid		up to \$800
- Bilateral hearing aid		up to \$1,600
- Repairs (per year)		up to \$120
<b>Audiology (hearing tests)</b>		
- Annual Limit		\$200
- Initial Consultation		\$33
- Subsequent Consultations		\$30



## SERVICES

	EXTRAS LEVEL OF COVER	EXTRAS LEVEL OF COVER
<b>PHARMACY</b>	<b>\$700</b>	<b>OTHER THERAPIES ANNUAL LIMIT</b>
<p><b>Per Script</b> 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.</p> <p>Benefits are excluded for items that can be obtained without a prescription, contraceptives, anabolic steroids and drugs not approved in Australia.</p> <p><b>Medical Botox</b> (For treatment of a medical condition only) - 100% of cost up to annual limit.</p>	\$75	<p><b>Podiatry / Chiroprody</b> - Annual Limit \$300 - Initial Consultation \$30 - Subsequent Consultations \$25 - Nail surgery (excludes inpatient services)* \$100</p> <p>*Letter required from referring specialist</p> <p><b>Orthotics Annual Limit</b> \$200</p> <p><b>Eye Therapy (Orthoptics)</b> - Annual Limit \$200 - Initial Consultation \$30 - Subsequent Consultations \$25 - Group Session \$15</p> <p><b>Speech Therapy</b> - Annual Limit \$400 - Initial Consultation \$33 - Subsequent Consultations \$25 - Group Session \$15</p> <p><b>Dietetics</b> - Annual Limit \$200 - Initial Consultation \$33 - Subsequent Consultations \$30</p> <p><b>Occupational Therapy</b> - Annual Limit \$375 - Initial Consultation \$33 - Subsequent Consultations \$30 - Group Session \$15</p>
<b>OPTICAL</b>	<b>\$200</b>	
<p><b>Annual Limit for supply of glasses and contact lenses</b> - Single Vision \$200 - Bifocal \$200 - Multifocal \$200 - Contact lenses 90% of the cost up to \$200</p>		
<b>LIFE CHOICES ANNUAL LIMIT</b>	<b>\$300</b>	
<p><b>Quit Smoking Programs</b> Programs must be approved by the Fund.</p> <p><b>Weight Loss Programs</b> Programs must be approved by the Fund.</p> <p><b>Diabetes Education</b> - Annual Limit \$200 - Consultation \$20</p> <p><b>Health Screening Checks</b> For health checks that are not eligible for Medicare benefits. Screening services must be approved by the Fund. - Annual Limit \$100 - Per Service 90% of cost up to \$100</p> <p><b>Home Nursing</b> For a visit by a home nursing provider approved by the Fund. Visit/treatment must be prescribed by a doctor. - Annual Limit \$500 - Per Visit \$20</p>		
<b>MEDICAL APPLIANCES / SURGICAL FOOTWEAR</b>	<b>\$1,000</b>	
<p><b>3 year limit</b> for appliances (TENS machines, blood glucose monitors, nebulisers, blood pressure monitors)* except sleep apnoea appliances 90% of cost up to \$300</p> <p><b>3 year limit</b> for sleep apnoea appliances* 90% of cost up to \$500</p> <p><b>Surgical Footwear</b> 90% of cost up to \$1000</p> <p><b>Medical Braces</b> 90% of cost up to \$500</p> <p><b>Non Surgical Prostheses</b> 90% of cost up to \$150</p>		
<b>PHYSIOTHERAPY GROUP ANNUAL LIMIT</b>	<b>\$700</b>	
<p><b>Physiotherapy</b> - Annual Limit \$700 - Initial Services \$60 - Subsequent Services \$25 - Group Session \$15</p> <p><b>Hydrotherapy</b> - Annual Limit \$100 - Consultation / Treatment \$15</p>		

### Please note

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.



# ACTIVE LIFE

## Extras

Active Life Extras is designed to give you cover for what you need right now. Active Life Extras is a budget friendly extras cover that allows you to be covered for the essentials without breaking the bank.

Active Life Extras will be the support you need to kick start, or maintain, your best possible self.

You can combine Active Life Extras with Gold Hospital for a more comprehensive cover, complete with a range of [excess](#) options, you will have the security of hospital cover with the tailored benefits of Active Life Extras.

### Please note

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.

## SERVICES

SERVICES	EXTRAS LEVEL OF COVER
<b>ALTERNATIVE THERAPIES GROUP ANNUAL LIMIT</b>	<b>\$400</b>
<b>Chiropractic</b> - Annual Limit - Consultations - X-Rays	\$400 \$22 \$30
<b>Osteopathy</b> - Annual Limit - Consultations	\$400 \$22
<b>Acupuncture</b> - Annual Limit - Consultations	\$400 \$22
<b>Natural Therapy (including massage)</b> - Annual Limit - Consultations	\$400 \$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 an itemised quote please contact us.	<b>\$500</b> (GENERAL & MAJOR DENTAL COMBINED)
<b>GENERAL DENTAL ANNUAL LIMIT</b>	
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 Item 121 - topical application of remineralisation agent Item 311 - removal of a tooth Item 511 - metallic filling 1 surface	\$27 \$13 \$70 \$57
<b>MAJOR DENTAL</b>	
Crowns and Bridgework Periodontics Implants	up to \$500 up to \$500 up to \$500
<b>OPTICAL</b>	<b>\$220</b>
<b>Annual Limit for supply of glasses and contact lenses</b> - Single Vision - Bifocal - Multifocal - Contact lenses	\$220 \$170 \$190 \$220 90% of the cost up to \$180
<b>Annual Limit for repairs to glasses</b>	\$50
<b>PHYSIOTHERAPY GROUP ANNUAL LIMIT</b>	<b>\$400</b>
<b>Physiotherapy</b> - Annual Limit - Consultation - Group Session	\$400 \$22 \$10

Annual limits and services per person, per calendar year.