

Mid Extras

	Benefits up to	Maximum per person per calendar year	Waiting periods
Accommodation If travel is required for treatment and you qualify for PATS	\$43 per night	\$645 per membership	2 months
Ambulance Road transport only	100%	100% covered for road transport emergency services and 100% covered for one non-emergency service. \$40 co-payment applies for all subsequent non-emergency services (all services must be medically necessary)	1 day
Ante-Natal Classes Payable only on completed series of classes	\$60	1 series of classes per year	12 months
Audiology Initial consultations Subsequent consultations Report to Otolaryngologist	\$39.20 \$28 \$20	\$160	2 months
Chiropractic Initial consultations Subsequent consultations Chiropractic x-rays	\$27 \$19 \$60	\$366 1 per year	2 months
Clinical Psychology Initial consultations Subsequent consultations Group psychotherapy	\$66 \$49.50 \$33	\$800	12 months
Dental, General Consultations/examinations X-rays Scale and clean (1st visit) Extractions General Restorations (e.g. 1 surface adhesive filling) Mouthguard	\$26-\$45 \$23 - \$47 \$60 \$81 - \$199 \$70 \$45	\$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10 yrs)	6 months
Dental, Major Crowns-bridges Full Dentures# Orthodontic^ - full arch banding (two arches)	\$51.75 - \$820 \$742 \$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10yrs) for complete course of treatment.	Combined benefit limit for all dental services including orthodontic.	12 months
Dietetics Initial consultation Subsequent consultations Group consultations	\$44.80 \$19.05 \$11	1 per year \$250	2 months
Hearing Aids	\$750	1 every 5 yrs	24 months

#Benefit is once per member every 2 years

^Benefits are per person per lifetime. The benefit limit for orthodontic treatment is determined from the date the current treatment commenced and is included as part of annual maximums.

	Benefits up to	Maximum per person per calendar year	Waiting periods
Health management aids and appliances such as:† (Letter from Medical Practitioner is required)	(80% of charge up to)		12-36 months
Braces – spine, leg or arm	\$100	1 per year	
Glucose monitor	\$150	1 per 3 yrs	
Nebuliser	\$150	1 per 3 yrs	
Blood Pressure machine	\$200	1 per 3 yrs	
Wheelchair	\$1000	1 per 5 yrs	
Home nursing	\$80 per day	\$1800	2 months
Hospital Boarders	\$43 per day	\$645 per membership	2 months
Natural Therapy			2 months
Acupuncture – per consultation	\$21.60	\$500 combined benefit limit for acupuncture, naturopathy & massage therapy	
Naturopathy – per consultation	\$16.80		
Massage Therapy – per consultation	\$15.60		
Occupational Therapy			2 months
Consults - Less than 45 mins	\$28	\$350	
- More than 45 mins	\$44.80		
Group therapy	\$11.20		
Optical – Spectacles			2 months
Frames			
Single vision lenses			
Bi-focal lenses			
Multi-focal lenses	\$350	\$350 combined spectacles and contacts	
Spectacle repairs (including lenses)			
Optical – Contacts			
Disposable contact lenses			
Non disposable contact lenses			
Osteopathy			2 months
Initial consultation	\$39.20	1 per year	
Subsequent consultations	\$28	\$1000 combined benefit limit with physiotherapy	
Pharmaceutical		\$350	2 months
GMF Health Pharmacy Schedule less member co-payment (equal to current Government PBS Scheme)			
Physiotherapy			2 months
Initial consultation	\$39.20	\$1000 combined benefit limit for physiotherapy & osteopathy	
Subsequent consultations	\$28		
Group & Hydro Therapy	\$13.45		
Podiatry		\$450 combined benefit limit for foot orthotics and podiatry	2 months
Consultations	\$33		
Orthotic appliances	80% of cost to max of \$200 for single, \$400 for pair	Limited to 1 pair per year	12 months
Benefit is payable if supplied by a registered Podiatrist or GMF Health approved supplier.			
Speech & Eye Therapy			2 months
Speech – initial consultations	\$44.80	1 per year	
Speech – subsequent consultations	\$44.80		
Orthoptic – initial consultations	\$44.80	1 per year	
Orthoptic – subsequent consultations	\$33	\$650 for all orthoptic and speech therapy	
Travel costs	20 cents per km after the first 200kms travelled	\$350 per membership	2 months

† Benefit of 80% of the account with an annual maximum of \$1500 per person per year. Individual benefits are limited to the maximum amounts listed. Subject to items listed on the GMF Health Management Aid and Appliance Schedule.

For further details about this cover, please read Your Health Cover Options.