

Complete Extras

| | Benefits up to | Maximum per person per calendar year | Waiting period |
|--|---|---|----------------|
| Accommodation | \$43 per night | \$645 per membership | 2 months |
| If travel is required for treatment and you qualify for PATS | | | |
| 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 | | | 2 months |
| Initial consultations | \$42 | | |
| Subsequent consultations | \$30 | \$375 | |
| Report to Otolaryngologist | \$22 | | |
| Chiropractic | ŲZZ | | 2 months |
| Initial consultations | \$37 | \$500 combined benefit limit with osteopathy. | 21110111113 |
| Subsequent consultations | \$26 | vood combined benefit iii iii wiiii coleopairiy. | |
| Chiropractic x-rays | \$66 | 1 per year | |
| Clinical Psychology | , | . 1- 5- 7 - 5- | 12 months |
| Initial consultations | \$70 | | |
| Subsequent consultations | \$52 | \$800 | |
| Group psychotherapy | \$47 | | |
| Dental, General | * | | 6 months |
| Consultations/examinations | \$30 - \$53 | | |
| X-rays | \$26 - \$47 | | |
| Scale and clean (1st visit) | \$70 | | |
| Extractions | \$95 - \$232 | | |
| | | \$050 (x5, ms) | |
| General Restorations (e.g. 1 surface adhesive filling) | | \$850 (<5yrs) \$2000 (>5yrs) | |
| Mouthguard | \$80 | \$2500 (>10 yrs) | |
| Dental, Major | | Combined benefit limit for all dental | 12 months |
| Crowns-bridges | \$74 - \$1003 | services including orthodontic. | |
| Full Dentures# Orthodontic^ – full arch banding (two arches) | \$883 \$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10yrs) for complete course of treatment. | | |
| Dietetics | | | 2 months |
| Initial consultation | \$50 | 1 per year | |
| Subsequent consultations | \$23 | \$350 combined benefit limit with nutritionist | |
| Group consultations | \$13 | | |
| Exercise Physiology | | | 2 months |
| Initial consultation | \$42 | 1 per year | |
| Subsequent consultations | \$33 | \$600 combined benefit limit with physiotherapy | |
| Group consultations | \$14 | | |
| Hearing Aids | \$860 | 1 every 5 yrs | 24 months |
| 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 | |



| | Benefits up to | Maximum per person per calendar year | Waiting periods |
|--|--|---|-----------------|
| 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 | \$32 | | |
| Naturopathy - per consultation | \$32 | | |
| Massage Therapy – per consultation | \$32 | | |
| Natural Therapies Extra | | 2 months | |
| Myotherapy | \$32 | \$550 combined benefit limit Yoga & Pilates 1 program per year | |
| Reflexology | \$32 | | |
| Yoga Program | \$100 per Program | | |
| Pilates Programs | \$100 per Program | | |
| Traditional Chinese Medicine Consultations | \$32 per consult | | |
| Homeopathy | \$32 per consult | | |
| Nutritionist | | | 2 months |
| Initial consultation | \$50 | 1 per year | |
| Subsequent consultations | \$23 | 6250 combined by a 444 Harth W. W. W. W. | |
| Group consultations | \$13 | \$350 combined benefit limit with dietetics | |
| Occupational Therapy | | | 2 months |
| Consults - Initial consultation | \$44 | \$440 | |
| - Subsequent consultations | \$29 | \$440 | |
| Group therapy | \$17 | | |
| Optical – Spectacles | | | 2 months |
| Frames | | | |
| Single vision lenses | | | |
| Bi-focal lenses | ¢250 | \$350 | |
| Multi-focal lenses | \$350 | combined spectacles and contacts | |
| Spectacle repairs (including lenses) | | | |
| Optical - Contacts | | | |
| Disposable contact lenses | | | |
| Non disposable contact lenses | | | |
| Osteopathy | | | 2 months |
| Initial consultation | \$37 | 1 per year | |
| Subsequent consultations | \$26 | \$500 combined benefit limit with chiropractic | |
| Pharmaceutical GMF Health Pharmacy Schedule less member co- payment (equal to current Government PBS Scheme) | | \$350 | 2 months |
| Physiotherapy | | | 2 months |
| Initial consultation | \$42 | 1 per year | |
| Subsequent consultations | \$33 | \$600 combined benefit limit | |
| Group & Hydro Therapy | \$14 | with exercise physiology | |
| Podiatry | | \$500 combined benefit limit for foot | |
| Consultations | \$36 | orthotics and podiatry | 2 months |
| Orthotic appliances Benefit is payable if supplied by a registered Podiatrist or GMF Health approved supplier. | 80% of cost to max of \$200 for single, \$400 for pair | Limited to 1 pair per year | 12 months |
| Speech & Eye Therapy | 7-00 101 Pull | | 2 months |
| Speech - initial consultations | \$52 | 1 per year | |
| Speech - subsequent consultations | \$39 | , po, you | |
| Orthoptic – initial consultations | \$59 \$52 | l per year | |
| · | \$39 | 1 per year \$650 for all orthoptic and speech therapy | |
| Orthoptic - subsequent consultations Travel costs | 20 cents per km after the first 200kms travelled | \$650 for all orthoptic and speech therapy \$350 per membership | 2 months |