

Select Extras

1 APRIL 2018



Territory Health Fund is a registered business name of Queensland Country Health Fund Ltd 18 085 048 237

Extras Cover

Select Extras provides attractive benefits for an exclusive selection of our most regularly used health services. Ideally suited to singles and couples looking for great value benefits, but not wishing to pay for services they may not use, which keeps premiums affordable!

Dental				BENEFIT LIMITS
SERVICES COVERED AND EXAMPLE ITEMS	WAITING PERIODS	BENEFIT AMOUNTS	SUB-LIMITS	
Diagnostic			\$400 per person up to \$800 per policy per Membership Year	Overall benefit limit for all services (inclusive of dental, optical, therapies, pharmaceutical and Healthy Living) \$2,200 per person up to \$4,400 per policy per Membership Year (sub-limits apply)
Periodic oral exam (012)	2 months	\$40		
Preventative				
Scale and clean (114)	2 months	\$63		
Fluoride application (121)		\$18		
Restorative				
Filling/restoration (531)	2 months	\$72		
Extractions			\$600 per person up to \$1,200 per policy per Membership Year	
Tooth extraction - surgical (322)	12 months	\$126		
Crowns & bridges				
Full crown veneered (615)	12 months	\$560		
Endodontic				
Root canal (417)	12 months	\$119		
Optical			\$230 per person up to \$460 per policy per Membership Year	
We have negotiated agreements with a large number of optical providers across Australia. When you visit one of our preferred optical providers you will receive substantial discounts on frames, lenses and contact lenses. Visit our website for a full list of our Premier Providers.				
Frames (110)	2 months			
Single vision lenses (212)				
Progressive lenses (512)				
Contact lenses (812)				

Therapies				BENEFIT LIMITS
SERVICE OR CONSULTATION TYPE	WAITING PERIODS	BENEFIT AMOUNTS	SUB-LIMITS	
Physiotherapy				Overall benefit limit for all services (inclusive of dental, optical, therapies, pharmaceutical and Healthy Living) \$2,200 per person up to \$4,400 per policy per Membership Year (sub-limits apply)
Initial	2 months	\$44	\$500 per person up to \$1,000 per policy per Membership Year	
Subsequent		\$32		
Group therapy		\$8 <i>(\$120 sub-limit applies)</i>		
Chiropractic				
Initial	2 months	\$44	\$500 is a shared sub-limit of chiro and massage, and chance we can merge those two sub-limit cells to make it clear that it is those two services that are combined?	
Subsequent		\$28		
Remedial massage, Bowen therapy, myotherapy, osteopathy				
Initial & subsequent	2 months	\$28	Combined sub limit \$500 per person up to \$1,000 per policy per Membership Year	
Podiatry				
Initial & subsequent	2 months	\$32	\$400 per person up to \$800 per policy per Membership Year	
Approved appliances (orthotics)		85% of cost up to sub limit		
Minor procedures		75% of cost up to sub limit		
Other Extras				
SERVICE OR CONSULTATION TYPE	WAITING PERIODS	BENEFIT AMOUNTS	OVERALL BENEFIT LIMIT <i>Per Membership Year</i>	
Pharmaceutical[^]				
	2 months	Up to \$55 per script	\$400 per person up to \$800 per policy per Membership Year	
Healthy Living				
ELIGIBLE SERVICES:	2 months	\$125 per person up to \$250 per policy per Membership Year		
<ul style="list-style-type: none"> ✓ Participate in a choice of approved weight management programs^{^^} ✓ Participate in other approved health management programs* including: <ul style="list-style-type: none"> ○ Gym membership ○ Personal training programs ○ Yoga classes ○ Aquatic exercise/rehabilitation* including pool entry and exercise classes (excludes swim classes/lessons) ✓ Participate in quit smoking programs 		<ul style="list-style-type: none"> ✓ Have your skin checked for skin cancers through mole mapping ✓ Consultation fees for diabetes educator ✓ Consultation fees for metabolic dieticians and nutritionists when providing assistance with weight management ✓ Bowel screening tests and bone density test (no doctor's referral will be required) ✓ PSA test (one per year) we will cover a second yearly test not covered by Medicare 		

[^] Prescriptions not covered by the PBS, excluding contraceptives and items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription item equal to the current PBS Patient Contribution.

* To comply with private health insurance legislation you must have been referred by your health care professional to participate in a health management or chronic disease management program to address, improve or prevent a specific health or medical condition. A Health Management Program Benefit Approval Form, available on our website, must accompany a claim for these benefits.

^{^^} Before enrolling in a weight management program please contact the Fund to clarify the eligibility to benefits.

If you've had a busy claiming year, visits to the dentist, podiatrist, regular massages, you may be curious about what you have used and what you have left. You can always check your membership online with our Online Member Services (OMS) portal. It's a great way to keep track of all your claims and view benefit limits from the comfort of your own home. You can also process your own claims online for some services and do quotes. To utilise OMS you just need to register and log on. Of course, not everyone is tech savvy, so we are here on the phones to assist you any way that we can.

Need more info?

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