

Extras Cover

Young Extras is our entry level extras cover. It gives you benefits on a range of treatments like dental, optical, physio and chiro; items that aren't always covered by Medicare. With Young Extras you receive rebates for each service, up to your available limits. Benefits listed below are examples only and not a complete list.

Dental

SERVICES COVERED AND EXAMPLE ITEMS	WAITING PERIODS	BENEFIT AMOUNTS	BENEFIT LIMITS PER MEMBERSHIP YEAR
Diagnostic			\$500 per person up to \$1,000 per policy
Periodic oral exam (012)	2 months	\$38	
Preventative			
Scale and clean (114)	2 months	\$59	
Fluoride application (121)		\$17	
Restorative			
Filling/restoration (531)	2 months	\$68	
Extractions			
Tooth extraction - surgical# (322)	12 months	\$135	
Crowns and bridges			
Full crown veneered (615)	12 months	\$500	

* For surgical extractions claimed under extras cover, benefits will be paid on dental item numbers only, unless hospital cover is held and all waits have been served for any inpatient services.

Optical

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.

SERVICES COVERED AND EXAMPLE ITEMS	WAITING PERIODS	BENEFIT AMOUNTS	BENEFIT LIMITS PER MEMBERSHIP YEAR
Frames (110)	2 months	\$210	\$210 per person up to \$420 per policy
Single vision lenses (212)			
Progressive lenses (512)			
Contact lenses (812)			

Therapies

SERVICE OR CONSULTATION TYPE	WAITING PERIODS	BENEFIT AMOUNTS	BENEFIT LIMITS PER MEMBERSHIP YEAR	
Physiotherapy				
Initial	2 months	\$42	\$400 per person up to \$800 per policy	
Subsequent		\$32		
Group therapy		\$8 (<i>\$120 sub limit applies</i>)		
Chiropractic				
Initial	2 months	\$42	\$300 per therapy \$500 per person up to \$1,000 per policy	
Subsequent		\$30		
Acupuncture				
Initial & subsequent	2 months	\$30		
Remedial massage/bowen therapy/myotherapy*				
Initial & subsequent	2 months	\$30		
Naturopath/homeopathy*				
Initial & subsequent	2 months	\$30		
Dietician				
Initial	2 months	\$55		
Subsequent		\$35		
Podiatry				
Initial & subsequent	2 months	\$30		
Approved appliances (orthotics)		85% of cost up to sub-limit		
Minor procedures		75% of cost up to sub-limit		

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund as well as Bowen Therapists that are registered with the Bowen Association of Australia (BAA), Bowen Therapists Federation of Australian (BTFA), or Australian Traditional Medicine Society (ATMS).

Other Extras

SERVICE OR CONSULTATION TYPE	WAITING PERIODS	BENEFIT AMOUNTS	BENEFIT LIMITS PER MEMBERSHIP YEAR
Pharmaceutical[^]			
	2 months	Up to \$45 per script	\$150 per person up to \$300 per policy
Healthy Living			
ELIGIBLE SERVICES	2 months	\$125 per person up to \$250 per policy	
<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 or our Mobile App, available for iOS or Android. 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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