

Select Extras

1 JULY 2024



Territory Health Fund is a registered business name of HBF Health Limited ABN 11 126 884 786

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				<p>\$400 per person up to \$800 per policy per Membership Year for General Dental</p> <p>\$600 per person up to \$1,200 per policy per Membership Year for Major Dental</p> <p>Overall benefit limit for all services (inclusive of dental, optical, therapies, pharmaceutical and Healthy Living)</p> <p>\$2,200 per person up to \$4,400 per policy per Membership Year</p> <p>(sub-limits apply)</p>
Periodic oral exam (012)	2 months	\$44		
Preventative				
Scale and clean (114)	2 months	\$71		
Fluoride application (121)		\$19		
Restorative				
Filling/restoration (531)	2 months	\$72		
Extractions				
Tooth extraction - surgical (322)	12 months	\$126		
Crowns & bridges				
Full crown veneered (615)	12 months	\$560		
Endodontic				
Root canal (417)	12 months	\$119		
Peridontics				
Specialised gum treatments	12 months			
Optical				
<p>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.</p> <p>For a full list of our Premier Providers visit www.territoryhealth.com.au/premierprovider</p>				
Frames (110)	2 months	\$245 per person up to \$490 per policy per Membership Year for all optical items		
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 visit		\$44	\$500 per person up to \$1,000 per policy per Membership Year	
Subsequent visit	2 months	\$37		
Group therapy		\$8		
Chiropractic				
Initial visit		\$44	\$500 per person up to \$1,000 per policy per Membership Year	
Subsequent visit	2 months	\$28		
Remedial massage* and myotherapy*				
Initial & subsequent visit	2 months	\$33		
Podiatry				
Initial & subsequent visit		\$32	\$400 per person up to \$800 per policy per Membership Year	
Approved appliances (orthotics)	2 months	Up to limits		
Minor procedures		Up to limits		
Other Extras				
SERVICE OR CONSULTATION TYPE	WAITING PERIODS	BENEFIT AMOUNTS	OVERALL BENEFIT LIMIT <i>Per person, per Membership Year for all therapy services</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 ○ Aquatic exercise/rehabilitation including pool entry and exercise classes (excludes swim classes/lessons) ✓ Participate in quit smoking programs ✓ Have your skin checked for skin cancers (except where there is a Medicare benefit) 		<ul style="list-style-type: none"> ✓ Supermarket tours conducted by a dietitian or other allied health professional qualified to provide nutrition advice ✓ Consultation fees for diabetes educator ✓ Consultation fees for metabolic dietitian and nutritionists when providing assistance with weight management ✓ Bowel screening test and Bone Density Test (not performed in a radiology practice and no doctor's referral required) ✓ Prostate-Specific Antigen test (one per year) - we will cover a second yearly test not covered by Medicare 		

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Territory Health Fund.

[^] 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.

^{**} 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 benefits you have used and what you have left to claim. You can always check your membership online with our Mobile App, available for Apple iOS and 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 our Mobile App 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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