

Corporate Health 80

What's Covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

Our members have the choice to use any provider with professional qualifications recognised by us. Please read Your Membership Guidelines for more information on our Recognised Providers.

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SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
Preventative dental	Includes selected treatments such as examinations, scaling, cleaning & fluoride therapy.	80%	Unlimited
General dental	Fillings, basic extractions and x-rays.	80%	\$1,800
Major dental	Periodontics, endodontics, crowns & bridges, implants, dentures (limited to one complete set or two upper or lower partial denture per person per three years) and orthodontics.		
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	100%	\$250
Physiotherapy, exercise physiology, antenatal & postnatal services	Consultations only.	80%	\$600
Chiropractic & osteopathy	Consultations only. Includes two chiropractic x-rays.	80%	\$600
Pharmaceutical prescriptions	Prescription items with an official pharmacy receipt. After you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) charge, you're covered for the remaining amount above the PBS, up to your benefit limit. Contraceptives & fertility treatment hormones not covered.	80%	\$300
Clinical psychology	Consultations only.	80%	\$400 (remedial massage limited to \$300)
Therapies	Consultations only for acupuncture, ayurveda, chinese herbalism, chinese massage, myotherapy, nutrition and remedial massage.		
Speech therapy	Consultations only.		
Occupational therapy			
Dietetics			
Eye therapy (Orthoptics)			
Podiatry	Only foot orthotics custom made or medical grade. Appliances must be purchased from a recognised health practitioner.		
Orthotics			
Aids & appliances	Includes aids such as blood glucose, blood pressure monitors, CPAP machines, non-surgical prosthesis, support garments, braces, splints & more. A letter is required from your doctor, specialist or allied health practitioner. Appliances must be purchased from a recognised health practitioner, medical supplier or organisation.	80%	\$400
Hearing aids	Limited to one appliance per person every five years.		

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SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
Health Management Services – for medically necessary treatment if not covered by Medicare			
Asthma management	Asthma education (e.g. asthma camps, asthma emergency management courses) & Asthma swim classes.	80%	\$150 per person for items over \$20
Cancer management	Cancer screening*, mammograms (if not covered by Medicare), melanoma imaging, skin cancer checks* & survivors' out-patient courses.		
Heart health	Cardiovascular education, heart rate monitors*, quit smoking programs & products.		
Diabetes management	Diabetes education (e.g. diabetes camps).		
Disease management association fees	Arthritis, asthma, coeliac, Crohn's disease, diabetes & heart disease.		
Group therapies	Aquarobics* & hydrotherapies*.		
Injury prevention	Illness & prevention management, mediball, Reiki*.		
Mental health	Alcohol programs, bed wetting programs, counselling, drug addiction programs, family counselling, family education, floatation tanks*, life coaching*, meditation*, relaxation skills*, stress management* & suicide prevention.		
Pregnancy & childbirth	Childbirth education*, fertility programs* & lactation classes*.		
Risk assessment	Health risk assessments & bone density tests.		
Weight & nutrition	Fitness or exercise programs*, personal trainer* & weight loss programs*.		

* A letter or a completed Health Management Services form (valid for a maximum of 12 months) will be required from your treating doctor or recognised health practitioner before the service/treatment has commenced. Please contact your Member Relations Team for more information.

Please note: unless specified otherwise, all limits are per person per membership year. This is a summary of your Extras cover.

For full details of your benefits and membership entitlements, please refer to Your Membership Guidelines.

Waiting periods – 2 months (except services below)

- **6 months** – Health Management Services
- **6 months** – Optical
- **12 months** – Aids & appliance
- **12 months** – Major dental & orthodontics
- **12 months** – Hearing aids
- **12 months** – Orthotics