

PRODUCT SUMMARY

BASE EXTRAS AND DENTAL COVER



Mildura
HEALTH
Fund

Our Base Extras Cover combined with our Dental Cover offers lower benefits at a lower cost while still covering a great range of services.

EXTRAS BENEFIT TABLE			BASE EXTRAS		
SERVICE		WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
Physiotherapy & Other Therapies	Physiotherapy	2 months	Initial - \$27 Standard - \$24 Group* - \$8	\$80*	\$390 person \$780 family
	Exercise Physiology	2 months			
	Occupational Therapy	2 months			
Podiatry	Podiatry	2 months	Initial - \$30 Standard - \$26	x	\$390 person \$780 family
	Foot Orthotics	12 months	Set benefit per item		
Dietician	Dietician	2 months	Initial - \$27 Standard - \$24	x	\$390 person \$780 family
Therapies	Remedial Massage	2 months	No benefit	x	No benefit
	Acupuncture	2 months			
	Myotherapy	2 months			
	Nutritionist	2 months			
Chiropractic & Osteopathic	Chiropractic	2 months	Initial - \$25 Standard - \$21	x	\$390 person \$780 family
	Osteopathic	2 months	Initial - \$27 Standard - \$24	x	
Mental Health	Clinical Psychology	2 months	No benefit	x	No benefit
	Counselling^	2 months			
	Mental Health Social Worker^	2 months			
Optical	Prescription Glasses & Contact Lenses	6 months	\$180 Per Person	x	\$180 Per Person
Ambulance Subscription	Ambulance subscription refund	0 months	Family - \$80 Single - \$40	x	Equal to benefit
Eye Therapy	Eye Therapy	2 months	Initial - \$27 Standard - \$24	x	\$390 person \$780 family
Speech Pathology	Speech Therapy	2 months	Initial - \$37 Standard - \$24	x	\$390 person \$780 family
Home Nursing	District Visiting Nurse (Excludes midwifery services)	2 months	\$12	x	\$350 person \$700 family
Pharmacy	Non PBS prescriptions	2 months	\$15	x	\$100 person \$200 family
Health Management Benefits	Approved Programs **	6 months	No benefit	x	No benefit

All benefits subject to Waiting Periods and Benefit Limitations. *Sub-limits apply to these services - see our brochure for more information. Group benefits not payable for Occupational Therapy, see group therapy page 3 in the Fund Member Brochure. ** See Management benefits table in the Fund Member Brochure.
^Service provider must be accredited with Australian Regional Health Group (ARHG)

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EXTRAS BENEFIT TABLE CONTINUED			BASE EXTRAS		
SERVICE		WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
Health Aids & Appliances ^	Blood Glucose Monitor	36 months	\$150 (every 3 years)	x	\$600 person \$1200 family
	Blood Pressure Monitor	36 months	\$125 (every 3 years)		
	TENS Machine	36 months	\$125 (every 3 years)		
	Nebuliser	36 months	\$125 (every 3 years)		
	CPAP (Machine only)	36 months	\$230 (every 3 years)		
	Hearing Aid	36 months	\$500 (every 5 years)		
	Braces & Splints	12 months	65% up to \$300 (every 3 years)		
	CAM Boot	12 months	65% up to \$300 (every 3 years)		
	Artificial limbs & prosthesis	12 months	65% up to \$300 (every 2 years)		
	Crutches, walking frame & walking stick	12 months	65% up to \$25 (every 2 years)		
	Wigs	12 months	65% up to \$150 (every 2 years)		
	Compression Garments +	12 months	65% up to \$150 (every 2 years)		

^ Health Aids and Appliances must be medically necessary and for the treatment of specific conditions.

+ Conditions apply, sport related garments are excluded. Contact the Fund for further information.

DENTAL / EXTRAS BENEFIT TABLE			DENTAL				
SERVICE		WAITING PERIOD	BENEFIT	SUB-LIMIT	FIRST YEAR MEMBERSHIP	LIFETIME LIMIT	CALENDAR YEAR LIMIT
General & Major Dental	Preventative Dental [#]	2 months	100%^	x	\$350 Maximum benefit payable per person	x	\$1,050 Maximum benefit payable per person once first year is completed
	General & Major Dental	2 months	70%^				
	Inlay/Onlay, Crown & Bridge, Implants, Indirect Restorations	2 months	As per MHF dental schedule	1st calendar year of membership \$350			
				2nd calendar year of membership \$450			
				3rd calendar year of membership \$500			
				4th calendar year of membership \$550			
				5th calendar year of membership \$600			
				6th calendar year of membership \$650			
	Dentures	12 months	(every 3 years ^{^^^})	x		\$1,500 Per person	
Orthodontics	24 months	50% up to \$600	\$600 Per person per calendar year				

^ Dental 100% benefit available at super dental providers

^^ Percentage based on MHF dental schedule

^^^Full set of dentures claimable every 3 years

100% benefit payable for eligible preventative services when provided at one of our agreement dental clinics, see gap free preventive dental page 3.

MILDURA HEALTH FUND PRODUCT SUMMARY BASE EXTRAS AND DENTAL COVER

BENEFITS ON A WHOLE RANGE OF HEALTH CARE SERVICES

With our Extras cover you'll get great benefits on a whole range of health care services and treatments that are not covered by your hospital cover or by Medicare.

Not only will you be able to claim on your regular dental check-up, you can also claim benefits for glasses and physiotherapy. For the full list of services covered, along with the benefits that are payable, see our benefits tables.

There are six levels of Extras cover to choose from depending on the services you use and your budget. These can be taken on their own or combined with your choice of hospital cover.

GAP FREE PREVENTATIVE DENTAL

A popular feature of our Dental cover is Gap Free Preventative Dental.

We will pay 100% of the fee for each eligible preventative service provided by one of our agreement dentists.

The same benefit amount will be paid whether you see an agreement dentist or not. (A balance may be payable for treatment provided by a non-agreement dentist).

Regular visits to the dentist are essential for the maintenance of healthy teeth and gums. MHF and Dentists recommend that you, and your family, visit every six months to ensure overall good oral health.

Benefits apply to adults and children who have served their waiting period. All limits and benefit conditions apply to these services.

SUPER DENTAL AGREEMENTS

The Fund has entered into agreements with dental providers, known as super dental agreements, to limit the out of pocket expenses our members have to pay.

All dental providers receive the same benefit per service, whether they have an agreement with us or not. Our agreement dental providers will only charge the agreed amount for the service they provide.

You still have a choice of who you receive treatment with, we do not reduce the benefits paid if you see a provider who doesn't have an agreement with us.

We are unlike other health funds, who have preferred providers, we give you choice! Other health funds with preferred providers restrict who you can see, how much you can claim and generally pay a lower benefit for the same service to dentists who are not one of their preferred providers.



DENTAL BENEFIT TABLE		DENTAL
SERVICE		BENEFIT
Preventative Treatment	Periodical oral examination	\$57.85
	Emergency consultation	\$36.40
	X-Ray	\$49.00
	Scale & Clean	\$118.55
	Fluoride Treatment	\$49.45
General & Major Dental	Surgical Extraction	\$197.10
	Filling - Adhesive one surface	\$106.85
	Filling of one root canal	\$193.00
	Full crown veneer	\$650
	Full denture	\$1,050

Benefits subject to Dental limits.



Important benefit information:

OPTICAL BENEFIT

Covers your prescription glasses and contact lenses that have been prescribed by a registered optometrist.

Non-prescription sunglasses are specifically excluded. Your claim for benefits will be processed as at the date you collect or receive your glasses or contact lenses, not the date that they are ordered. Glasses and contact lens maximums apply per calendar year.

AMBULANCE SUBSCRIPTION

Ambulance subscription benefits are payable on the subscription paid to an Ambulance service provider only.

Subscription costs and conditions vary from state to state. See our brochure for ambulance provider information - 'Ambulance Cover Explained.'

FOOT ORTHOTICS

Foot Orthotics must be prepared for the member by a registered podiatrist or a registered orthotist.

Pursuant to a referral from a registered podiatrist or doctor in the course of private practice. Benefits are not payable on pre-fabricated orthotics.

GROUP THERAPY

Group Therapy benefits are only payable when treatment is provided by a registered Physiotherapist, Exercise Physiologist or Clinical Psychologist.

Group treatment is defined as when a patient does not have the provider's exclusive attention for the entire therapy session (e.g. more than one patient).

PHARMACY

All of our Extras covers include benefits towards the cost of Pharmaceutical Prescriptions that are not part of the Pharmaceutical Benefits Scheme (PBS).

Benefits are payable where all of the following apply;

- The drug, (includes vaccinations) is only available on prescription
- The drug is listed within the MIMS schedule as S4 or S8
- The drug is not recognised by the PBS

To make a claim, your pharmacy receipt must include;

- Script number
- Dispensed date and description of each medication
- Individual charge of each medication
- Full name of the person who received the medication
- Full name and street address of pharmacist
- Details of payment

AS A NOT FOR PROFIT
HEALTH FUND WE OFFER
OUR MEMBERS BETTER
BENEFITS AND LOWER
PREMIUMS

