

## PRODUCT SUMMARY

# FIVE STAR EXTRAS COVER



**Mildura**  
**HEALTH**  
**Fund**

**FIVE STAR EXTRAS IS OUR TOP, MOST COMPREHENSIVE LEVEL OF EXTRAS COVER AND INCLUDES OUR EXCLUSIVE FIVE STAR HEALTH MANAGEMENT BENEFITS, DENTAL BENEFITS AND COVERS A BROAD RANGE OF SERVICES WITH OUR HIGHEST EXTRAS BENEFITS PAYABLE.**

### Included Services

| EXTRAS BENEFIT TABLE            |  |                | FIVE STAR EXTRAS                                   |            |                               |
|---------------------------------|--|----------------|--|------------|-------------------------------|
| SERVICE                         |  | WAITING PERIOD | BENEFIT  | SUB-LIMIT* | CALENDAR YEAR LIMIT           |
| Physiotherapy & Other Therapies | Physiotherapy                                | 2 months       | Initial - \$50<br>Standard - \$45<br>Group* - \$10 | \$100*     | \$650 person<br>\$1300 family |
|                                 | Exercise Physiology                          | 2 months       |  |            |                               |
|                                 | Occupational Therapy                         | 2 months       |  |            |                               |
| Podiatry                        | Podiatry                                     | 2 months       | Initial - \$46<br>Standard - \$42                  | x          | \$650 person<br>\$1300 family |
|                                 | Foot Orthotics                               | 12 months      | Set benefit per item                               |            |                               |
| Dietician                       | Dietician                                    | 2 months       | Initial - \$42<br>Standard - \$38                  | x          | \$650 person<br>\$1300 family |
| Therapies                       | Remedial Massage                             | 2 months       | Initial - \$36<br>Standard - \$34                  | x          | \$600 person<br>\$1200 family |
|                                 | Acupuncture                                  | 2 months       |  |            |                               |
|                                 | Myotherapy                                   | 2 months       |  |            |                               |
|                                 | Nutritionist                                 | 2 months       |  |            |                               |
| Chiropractic & Osteopathic      | Chiropractic                                 | 2 months       | Initial - \$36<br>Standard - \$34                  | x          | \$600 person<br>\$1200 family |
|                                 | Osteopathic                                  | 2 months       | Initial - \$50<br>Standard - \$45                  | x          |                               |
| Clinical Psychology             | Clinical Psychology                          | 2 months       | Initial - \$70<br>Standard - \$60<br>Group - \$12  | x          | \$650 person<br>\$1300 family |
| Optical                         | Prescription Glasses & Contact Lenses        | 6 months       | \$270<br>Per Person                                | x          | \$270<br>Per Person           |
| Ambulance Subscription          | Ambulance subscription refund                | 0 months       | Family - \$97<br>Single - \$48.50                  | x          | Equal to benefit              |
| Eye Therapy                     | Eye Therapy                                  | 2 months       | Initial - \$42<br>Standard - \$38                  | x          | \$650 person<br>\$1300 family |
| Speech Pathology                | Speech Therapy                               | 2 months       | Initial - \$50<br>Standard - \$45                  | x          | \$650 person<br>\$1300 family |
| Home Nursing                    | Visiting Nurse (Excludes midwifery services) | 2 months       | \$12   | x          | \$600 person<br>\$1200 family |
| Pharmacy                        | Non PBS prescriptions                        | 2 months       | \$35   | x          | \$300 person<br>\$600 family  |

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 4.

# MILDURA HEALTH FUND PRODUCT SUMMARY FIVE STAR EXTRAS COVER

| EXTRAS BENEFIT TABLE CONTINUED       |   |                | FIVE STAR EXTRAS                   |            |                                |
|--------------------------------------|---|----------------|------------------------------------|------------|--------------------------------|
| SERVICE                              |   | WAITING PERIOD | BENEFIT                            | SUB-LIMIT* | CALENDAR YEAR LIMIT            |
| Health Aids & Appliances ^           | Blood Glucose Monitor                   | 36 months      | \$260<br>(every 3 years)           | x          | \$1200 person<br>\$2400 family |
|                                      | Blood Pressure Monitor                  | 36 months      | \$200<br>(every 3 years)           |            |                                |
|                                      | TENS Machine                            | 36 months      | \$200<br>(every 3 years)           |            |                                |
|                                      | Nebuliser                               | 36 months      | \$200<br>(every 3 years)           |            |                                |
|                                      | CPAP (Machine only)                     | 36 months      | \$520<br>(every 3 years)           |            |                                |
|                                      | Hearing Aid                             | 36 months      | \$1100<br>(every 5 years)          |            |                                |
|                                      | Braces & Splints                        | 12 months      | 85% up to \$600<br>(every 3 years) |            |                                |
|                                      | CAM Boot                                | 12 months      | 85% up to \$600<br>(every 3 years) |            |                                |
|                                      | Artificial limbs & prosthesis           | 12 months      | 85% up to \$600<br>(every 2 years) |            |                                |
|                                      | Crutches, walking frame & walking stick | 12 months      | 85% up to \$50<br>(every 2 years)  |            |                                |
|                                      | Wigs +                                  | 12 months      | 85% up to \$300<br>(every 2 years) |            |                                |
|                                      | Compression Garments +                  | 12 months      | 85% up to \$300<br>(every 2 years) |            |                                |
| Five Star Health Management Benefits | Approved Programs**                     | 6 months       | 70%                                | x          | \$150 person<br>\$300 family   |

^ 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. \*\* See Five Star Management Benefits table on page 4

| DENTAL / EXTRAS BENEFIT TABLE |  |                    | FIVE STAR EXTRAS                      |  |   |                |  |
|-------------------------------|--|--------------------|---------------------------------------|--|---|----------------|--|
| SERVICE                       |  | WAITING PERIOD     | BENEFIT                               | SUB-LIMIT                                | FIRST YEAR MEMBERSHIP                       | LIFETIME LIMIT | CALENDAR YEAR LIMIT  |
| General & Major Dental        | Preventative Dental#   | 2 months           | 100% ^                                | x  | \$450<br>Maximum benefit payable per person | x              | \$1,500<br>Maximum benefit payable per person once first year is completed |
|                               | General & Major Dental                                       | 2 months           | 85%^^                                 |  |   |                |  |
|                               | Inlay/Onlay, Crown & Bridge, Implants, Indirect Restorations | 2 months           | As per MHF dental schedule            | 1st calendar year of membership<br>\$440 |   |                |  |
|                               |  |                    |                                       | 2nd calendar year of membership<br>\$560 |   |                |  |
|                               |  |                    |                                       | 3rd calendar year of membership<br>\$620 |   |                |  |
|                               |  |                    |                                       | 4th calendar year of membership<br>\$680 |   |                |  |
|                               |  |                    |                                       | 5th calendar year of membership<br>\$740 |   |                |  |
|                               |  |                    |                                       | 6th calendar year of membership<br>\$800 |   |                |  |
| Dentures                      | 12 months  | (every 3 years^^^) | x                                     |  |   |                |  |
| Orthodontics                  | 24 months  | 50% up to \$800    | \$800<br>Per person per calendar year | \$2,400<br>Per person                    |   |                |  |

^ 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 preventative dental page 3.

# MILDURA HEALTH FUND PRODUCT SUMMARY FIVE STAR EXTRAS 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, physiotherapy and remedial massage. For the full list of services covered, along with the benefits that are payable, see our benefits tables.

There are six levels of Extras 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 and Five Star Extras covers 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              |                                | FIVE STAR EXTRAS |
|-----------------------------------|--------------------------------|------------------|
| SERVICE                           |                                | BENEFIT          |
| <b>Preventative Treatment</b>     | Periodical oral examination    | \$55.75          |
|                                   | Emergency consultation         | \$35.05          |
|                                   | X-Ray                          | \$47.20          |
|                                   | Scale & Clean                  | \$114.20         |
|                                   | Fluoride Treatment             | \$47.65          |
| <b>General &amp; Major Dental</b> | Surgical Extraction            | \$230.30         |
|                                   | Filling - Adhesive one surface | \$124.85         |
|                                   | Filling of one root canal      | \$225.50         |
|                                   | Full crown veneer              | \$800            |
|                                   | Full denture                   | \$1,500          |

Benefits subject to Dental limits.

# MILDURA HEALTH FUND PRODUCT SUMMARY FIVE STAR EXTRAS COVER

| FIVE STAR HEALTH MANAGEMENT BENEFITS   |  |  |
|--|--|--|
| MHF APPROVED PROGRAMS <sup>^</sup>   |  |  |
| HEALTH SCREENINGS #  | FITNESS AND PREVENTION PROGRAMS                                  | IMPROVEMENT & WEIGHT MANAGEMENT PROGRAMS*  |
|  | MHF BENEFIT APPROVAL REQUIRED**                                  |  |
| Mole Mapping<br>Removal of sun spots<br>MRI, CT & PET scans<br>Bowel cancer test kits<br>Lung function tests | Swimming Lessons<br>Personal training programs<br>Group training | Quit Smoking<br>Nicotine replacement<br>Weight Watchers<br>Tony Ferguson<br>Jenny Craig<br>Cohens Weight Loss<br>Metabolic Balance |

# Fund Benefits not payable where a Medicare benefit is applicable \* Benefits payable for weight loss membership fees only  
 \*\*A MHF benefit approval form can be downloaded from our website [mildurahealthfund.com.au](http://mildurahealthfund.com.au) or emailed to you on request  
 ^ Benefits payable for the treatment of a specific medical condition or injury only.

## 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

Pharmacy benefits are payable on our Five Star Extras (E1) cover.

Benefits include Non-Pharmaceutical Benefit Scheme (PBS) drugs and medicines dispensed by a pharmacist and /or vaccines, including travel vaccines, dispensed by a pharmacist or doctor.

To be eligible items need to be prescribed by your doctor, be a Schedule 4 or Schedule 8 item and not be a Pharmaceutical Benefit Scheme (PBS) subsidised prescription.

The benefit is calculated after deducting the current general patient contribution as defined by the PBS.