

Mid Extras

Mid Extras Cover

As at 1 July 2024

			MID EXTRAS	
SERVICE		WAITS	BENEFIT	ANNUAL LIMIT
Ambulance	National Ambulance cover	1 day	100%	No limit
Dental	General dental (preventative, x-rays, basic restorations, basic surgery & extractions)	2 months	60%	\$750 per person
	Major dental (periodontics, endodontics, crowns & bridges, implants & dentures)	12 months	60%	\$500 per person
	Orthodontics	12 months	✗	✗
Pharmacy*	Prescriptions (after the standard PBS amount has been deducted)	2 months	60% to \$60	\$300 per person \$600 per family
Optical	Glasses & contact lenses	6 months	100% of cost	\$200 per person
	Laser eye surgery	24 months	✗	✗
Physiotherapy & other therapies	Physiotherapy	2 months	Initial consult \$43 [†] Standard consult \$33	\$350 per person \$700 per family
	Occupational Therapy			
	Orthoptics (eye therapy)		60%	
	Exercise physiology			
	Hydrotherapy			
Chiropractic & Osteopathic	Chiropractic	2 months	Initial consult \$40 [†] Standard consult \$30	\$350 per person \$700 per family
	Osteopathy			
Complementary Therapies	Chinese herbal consults	2 months	Initial consult \$40 [†] Standard consult \$30	\$300 per person \$600 per family
	Remedial massage			
	Acupuncture			
	Dietetics			
Podiatry	Podiatry (chiropody)	2 months	Initial consult \$40 [†] Standard consult \$30	\$200 per person \$400 per family
Psychology	Psych/group therapy	2 months	✗	✗
Speech Therapy	Speech Therapy	2 months	✗	✗
Health management programs	Preventative health	6 months	60%	\$150 per person \$300 per family
Health aids & wellness	Equipment (every 3 years)	2 months	✗	✗
	Health aids & services (Such as home nursing)			
	Orthotics (Custom made) (every 2 years)			
Hearing aids	Hearing & audiology	24 months	✗	✗

*Pharmacy benefits can be claimed for prescription medication that costs more than the current Pharmaceutical Benefit Scheme (PBS) amount. This amount changes on 1 January every year. Further details are available at pbs.gov.au

[†]1 initial consult per year per service except physiotherapy which has 2 initial consults per year.

Please note: Annual limits are per person, per financial year (unless otherwise stated). This isn't the full list of services covered. It's always best to give us a call before having any treatment to check exactly what you're covered for.

If you're transferring from another fund, we'll recognise any waiting periods you've already served if you switch to us within 30 days. Plus, if you've only served part of a waiting period, say, 2 months of a 6-month waiting period, you'll only need to serve the remaining 4 months when you transfer to Peoplecare.

If you're upgrading your cover, waiting periods still apply for the services that you weren't previously covered for.

Important Information

WHAT'S NOT COVERED

There are a few things that aren't covered by your extras cover. They are treatments & services

- ✗ received within your waiting period
 - ✗ received outside Australia
 - ✗ we do not pay benefits for treatment, goods, or services rendered overseas
 - ✗ covered by compensation or another type of insurance (like third party or sports club insurance)
 - ✗ received more than 2 years ago
 - ✗ provided by a company without an Australian ABN or rendered by a provider located outside of Australia. This ensures the quality of the goods and warranties are valid, maintaining legitimacy and protection for our members
 - ✗ medications that are non TGA approved
 - ✗ received from a family member, relative, business partner or yourself
 - ✗ you weren't charged for
 - ✗ sport, recreation or entertainment
- and:
- ✗ Pharmaceutical Benefits Scheme (PBS) prescriptions under the standard PBS amount, contraceptives or over-the-counter medicine
 - ✗ Naturopathic & herbal medicines
 - ✗ First-aid kits & courses
 - ✗ Non-prescription glasses, contacts & sunglasses
 - ✗ Receipts issued by a third party, like group buying websites or group deals
 - ✗ If you're using a gift voucher, we can't pay the difference between the cost of the service and the value of the voucher. For example, if you use a \$60 voucher to pay for a \$40 service, you can only claim back the \$40 as the official fee for that service
 - ✗ Benefits higher than the amount you paid for the service. For example, if you receive treatment that's discounted from \$65 to \$30, we only pay a benefit towards the fee you paid (i.e. \$30)
 - ✗ Surcharges, delivery costs and credit card processing fees

Ambulance Cover

Without ambulance cover, an ambulance ride could cost you thousands. Our ambulance cover is included at no cost to you with any of our Hospital and Extras, Hospital Only or Extras Only covers. Queensland and Tasmania residents don't need to worry about ambulance travel in their states, as it's free. Queensland residents are also covered by their state when travelling around Australia.

WHAT'S COVERED:

- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state-approved ambulance provider
- ✓ Non – emergency road and air ambulance transport by a state-approved ambulance provider
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Unlimited nationwide
- ✓ 1 day waiting period
- ✓ No annual limit

WHAT'S NOT COVERED:

- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider periods still apply.

Important Information

EXTRAS COVER

- Annual limits are for a financial year (1 July - 30 June) and are usually per person (unless it says otherwise).
- Optical benefits (glasses and contacts) are paid when glasses or contacts are prescribed by a registered optometrist. They have to be for sight correction and we don't pay on non-prescription sunglasses.
- Smiles all 'round - We've teamed up with the smile.com.au network of quality dentists. You can now visit any of the friendly smile.com.au dentists around the country and you'll get at least 15% off their usual fee for all treatments - just for having extras cover with Peoplecare. This offer is separate to your extras limits and waiting periods, so you'll get savings all year round.
- Health management - We pay benefits for approved programs to manage or treat a specific health condition. Health screening services such as blood pressure testing, cholesterol checks, mammograms and hearing tests can be claimed if Medicare don't pay a benefit. Please call us for details. Under the Private Health Insurance Act, we can't pay benefits for goods and services that are for the purposes of sport, recreation or entertainment (like gym memberships). You'll need to send us a Declaration of Condition Form found at peoplecare.com.au/Members/Forms.
- Extras providers need to be registered with Medicare or recognised by Peoplecare before benefits will be paid. We reserve the right to refuse payment for services rendered by a provider who does not satisfy the fund criteria. If you wish to ensure that the provider you are attending is covered by the fund you can search for registered providers on our website peoplecare.com.au/findaprovider or call us before you go.

HOW TO MAKE A EXTRAS CLAIM

Swipe your card- claim instantly

Swipe your membership card at health providers like dentists, optometrists, physios, chiro's and more. You just pay the difference between the fee and your fund benefit- no claim form needed.

Claim with our mobile app

Our mobile app makes claiming a breeze. Simply take a photo of your receipt on your smart phone or tablet, open our app, submit your picture - your claim is on its way to us. Download the app by searching 'Peoplecare' on the Google Play store or App Store.

Claim Online

Claiming online is easy. Just like our app, all you need to do is upload a photo of your receipt to our Online Member Services and you're done. To register for our Online Member Services, just visit peoplecare.com.au.

YOUR PRIVACY

We're committed to the Privacy Act and Australian Privacy Principles, which means we only collect the information we need to give you access to health services. We won't collect any personal information unless we've asked first. We only collect information that we need to give you access to health services, and we don't collect personal information unless we ask you first. We protect your personal details and we'll only share your information if it's needed to provide our services. You can read our

full Privacy Policy at peoplecare.com.au/privacy or give us a call on 1800 808 690.

IF YOU CHANGE YOUR MIND...

Changed your mind about your cover? Just let us know within 30 days of joining or upgrading your cover and you'll get a full refund of any premiums paid (as long as you haven't made any claims in that time).

WHAT TO DO IF YOU'RE NOT HAPPY

At Peoplecare, if you have any problems with your cover, give us a call on **1800 808 690**.

If you'd rather write to us, you can email info@peoplecare.com.au or write to **Locked Bag 33, Wollongong, NSW 2500**.

If you're still not happy after contacting us, you can contact the Private Health Insurance Ombudsman (PHIO).

PHIO is free, independent and protects the rights of private health fund members. You can call PHIO on **1300 362 072**, visit ombudsman.gov.au or send mail to:

**Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra, ACT 2601**

For general information on private health insurance, visit privatehealth.gov.au. To get a copy of our full complaints policy, go to peoplecare.com.au or contact us and we'll send you a copy.

POLICY INFORMATION

This document provides information to help you understand what you will and will not be covered for under your policy. These details are in conjunction with the fund rules which can be found here - peoplecare.com.au/fund-rules. It is important that you read this document carefully and retain a copy for your reference. For more information about your specific needs, please contact us or visit our website.

CODE OF CONDUCT

The Private Health Insurance Code of Conduct is a voluntary industry code. It sets standards for health funds to make sure they do the right thing by consumers in having great staff training, clear policy documentation, watertight privacy and easy dispute resolution. Each health fund has a short summary of every product in a standard format to help you compare them side by side. They are called Private Health Information Statements (PHIS) and you can easily get them from the Private Health Insurance Ombudsman's website by visiting health.gov.au/resources/apps-and-tools/compare-health-insurance-policies. Peoplecare is proud that we meet 100% of the standards in the Code of Conduct. This means we can display the Code of Conduct tick on our materials to show you we're doing the right thing.



Download our app today

HERE IS WHAT YOU CAN DO WHEREVER AND WHENEVER YOU LIKE

- Claim quickly with easy photo or PDF claiming
- Upload supporting claim documents and forms
- View and search your claims history
- Make a membership payment by credit card, debit card and direct debit
- Find a registered healthcare provider
- Check your benefits, limits, cover and payment details
- Order a new membership card
- Plus more!

Downloading is quick and easy. Head to peoplecare.com.au/help-centre/mobile/





Member Perks

We're all about making our members feel special. Our member perks include a range of exclusive dental and optical discounts as well as health, retail, and travel offers just for you.

Keep up to date with the latest member perks on our website or in the Peoplecare Members News, delivered to your email inbox.

Refer a friend

Our members love Peoplecare so much that almost a third of our new members are friends or family who joined because they know we have great offers and personal service.[^]

Feel free to spread the word to your friends and relatives. Just tell them to give us your name and member number when they join through the Peoplecare website or by phone on 1800 608 195.

To say thank you, we'll send you an EFTPOS gift card just for referring (per new membership) and put you into the draw to WIN a \$500 EFTPOS gift card.*

[^] Data from the 2022 financial year.

* T&Cs apply – visit peoplecare.com.au/referafriend for more details



Proudly not-for-profit

Peoplecare is a not-for-profit and member-owned health fund.

We work for you, not corporate shareholders. We'll always put your needs ahead of profits so we can better look after you and your health.

Members Health Fund Alliance

Peoplecare is proud to be part of Members Health Fund Alliance, the peak industry body for not-for-profit health funds that all share a common value of putting our members' health and wellbeing before profit.



Members Health
FUND ALLIANCE



 **1800 808 690**

 **info@peoplecare.com.au**

 **peoplecare.com.au**

Please read this document carefully and keep it for future reference. For the most up-to-date information, visit peoplecare.com.au
