

OSHC Extras

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Affordable Extras cover designed for Overseas Students studying in Australia. OSHC Extras provides Extras cover for the common services that young single people typically need from time to time. Here are the benefits:

SERVICE		OSHC EXTRAS	
		BENEFIT	ANNUAL LIMIT
Dental	Basic restoration	Set benefits per services. Please contact us before receiving treatment.	\$500
	Diagnostic Services		
	Oral Surgery		
	Extractions		
Optical	Glasses & contact lenses	75% of the cost	\$150
Physiotherapy & other therapies*	Physiotherapy	Initial consult: \$35 Consult 1 - 10: \$25 Consult 11+: \$15	\$350
	Chiropractic		
	Osteopathic		

*1 Initial consultation per year per service

Your Extras Cover

- Annual limits are based on the financial year (1 July – 30 June)
- The minimum policy period is six months
- General dental services (like preventative treatment, extractions and restorations) have a set benefit for each item. To find out exactly what you'll get back for these services, call us before starting your treatment

It's always best to call us before receiving any treatment or service to check exactly what benefits you'll be able to claim.

All health funds have waiting periods. A waiting period is how long you need to wait after purchase before you can receive benefits for services or items covered. You aren't able to claim on treatments you receive during this waiting period.

Waiting Periods

Services	Waiting Period
Dental, physiotherapy, chiropractic & osteopathic	2 months
Optical	6 months

Waiting periods might not apply when transferring from a similar level of cover within 30 days, provided you join Peoplecare within 30 days, we'll recognise any waiting periods you've already served when upgrading your cover.

WHAT'S NOT COVERED (OSHC EXTRAS)

There are a few things that aren't covered by your OSHC Extras cover. They are:

- ✗ Treatment and services received within your waiting periods
- ✗ Treatment and services received outside Australia
- ✗ Treatment and services covered by compensation or another type of insurance (like third party or sports club insurance)

- ✗ Contraceptives, over-the-counter medications and prescriptions less than the PBS amount
- ✗ Naturopathic and herbal medicines
- ✗ First aid kits and courses
- ✗ Non-prescription glasses, contacts and sunglasses
- ✗ More than 1 pair of glasses per financial year
- ✗ Treatment and services received from providers that aren't registered or recognised by Peoplecare
- ✗ Treatment and services received from a family member, relative, business partner or yourself
- ✗ Treatment and services you weren't charged for
- ✗ Services for sport, recreation or entertainment
- ✗ Ambulance services

The following dental services:

- ✗ Bleaching
- ✗ Endodontics
- ✗ Dentures
- ✗ Crowns & bridges
- ✗ Orthodontic treatment
- ✗ Indirect metallic and tooth-coloured restorations
- ✗ Periodontics
- ✗ Veneers
- ✗ Implants

✗ 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 (e.g. \$30)

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.
- 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.





 **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
