

PRODUCT SUMMARY

MID EXTRAS COVER



Mildura
HEALTH
Fund

OUR MID RANGED EXTRAS COVER INCLUDES BENEFITS FOR REMEDIAL MASSAGE, PHYSIOTHERAPY, CHIROPRACTIC, AND HEALTH AIDS AND APPLIANCES. THIS STAND-ALONE PRODUCT CAN BE TAKEN ON ITS OWN OR COMBINED WITH DENTAL AND/OR HOSPITAL COVER.

EXTRAS BENEFIT TABLE			MID EXTRAS		
SERVICE		WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
Physiotherapy & Other Therapies	Physiotherapy	2 months	Initial - \$36 Standard - \$32 Group* - \$9	\$90*	\$540 person \$1080 family
	Exercise Physiology	2 months			
	Occupational Therapy	2 months			
Podiatry	Podiatry	2 months	Initial - \$40 Standard - \$35	x	\$540 person \$1080 family
	Foot Orthotics	12 months	Set benefit per item		
Dietician	Dietician	2 months	Initial - \$36 Standard - \$32	x	\$540 person \$1080 family
Therapies	Remedial Massage	2 months	Initial - \$29 Standard - \$27	x	\$540 person \$1080 family
	Acupuncture	2 months			
	Myotherapy	2 months			
	Nutritionist	2 months			
Chiropractic & Osteopathic	Chiropractic	2 months	Initial - \$29 Standard - \$27	x	\$540 person \$1080 family
	Osteopathic	2 months	Initial - \$36 Standard - \$32	x	
Clinical Psychology	Clinical Psychology	2 months	Initial - \$50 Standard - \$45 Group - \$10	x	\$540 person \$1080 family
Optical	Prescription Glasses & Contact Lenses	6 months	\$235 Per Person	x	\$235 Per Person
Ambulance Subscription	Ambulance subscription refund	0 months	Family - \$87 Single - \$43.50	x	Equal to benefit
Eye Therapy	Eye Therapy	2 months	Initial - \$36 Standard - \$32	x	\$540 person \$1080 family
Speech Pathology	Speech Therapy	2 months	Initial - \$36 Standard - \$32	x	\$540 person \$1080 policy
Home Nursing	Visiting Nurse (Excludes midwifery services)	2 months	\$12	x	\$500 person \$1000 policy
Pharmacy	Non PBS prescriptions	2 months	No benefit	x	No benefit
Five Star Health Management Benefits	Health Screenings, Fitness and prevention programs, Improvement & weight management 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.

MILDURA HEALTH FUND PRODUCT SUMMARY MID EXTRAS COVER

EXTRAS BENEFIT TABLE CONTINUED			MID EXTRAS		
SERVICE		WAITING PERIOD	BENEFIT	SUB-LIMIT*	CALENDAR YEAR LIMIT
Health Aids & Appliances [^]	Blood Glucose Monitor	36 months	\$200 (every 3 years)	x	\$1000 person \$2000 family
	Blood Pressure Monitor	36 months	\$150 (every 3 years)		
	TENS Machine	36 months	\$150 (every 3 years)		
	Nebuliser	36 months	\$150 (every 3 years)		
	CPAP (Machine only)	36 months	\$400 (every 3 years)		
	Hearing Aid	36 months	\$770 (every 5 years)		
	Braces & Splints	12 months	75% up to \$500 (every 3 years)		
	CAM Boot	12 months	75% up to \$500 (every 3 years)		
	Artificial limbs & prosthesis	12 months	75% up to \$500 (every 2 years)		
	Crutches, walking frame & walking stick	12 months	75% up to \$35 (every 2 years)		
	Wigs ⁺	12 months	75% up to \$250 (every 2 years)		
	Compression Garments ⁺	12 months	75% up to \$250 (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.

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.

Offering cover for a range of services such as glasses, physiotherapy, remedial massage and health aids and appliances, can be combined with dental cover. 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.



MILDURA HEALTH FUND PRODUCT SUMMARY MID EXTRAS COVER

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).

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

