

Ancillary Lite

'Lite on benefits – Lite on price'

With Ancillary Lite we offer cover for just the essentials such as general dental, optical, physiotherapy and remedial massage. Being 'lite' on the benefits means you don't have to pay for the complete package of health services you don't need.



What You Are Covered For

Service	Description	Benefits Per Service	Annual Limit Per Person (Calendar Year)
Emergency Ambulance Transport <i>Pensioners must claim the pensioner discount first</i>	Transport costs <i>(Please refer to the Products and Benefits Guide for further clarification)</i>	100%	Unlimited
Dental <i>This is not a comprehensive list of our dental benefits, please see the Dental Schedule insert inside.</i>	Periodic examination Plaque removal Fluoride treatment Tooth extraction Crowns & bridges Fillings Periodontics Root canal treatment Implants Dentures Orthodontics	80% up to \$100 80% up to \$100 80% up to \$100 80% up to \$120 Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost Nil Nil Nil	\$700 <i>(\$400 sub limit for all major dental)</i> \$400 sub limit \$400 sub limit \$400 sub limit \$400 sub limit Nil Nil Nil
Optical <i>Must be accompanied by a relevant sight correction prescription.</i>	Single lens Lenses Frames Repairs Contact lenses Contact lens solution	80% of total cost	\$200
Pharmacy <i>Available only on prescription</i>	Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) limit (\$41.30 as at 1/01/2021)	Up to \$50 per script after deducting the PBS amount	\$250
Physiotherapy/Hydrotherapy	Registered practitioner visit	Up to \$25	\$300 combined
Chiropractic/Osteopathy			
Podiatry			
Remedial Massage/Acupuncture	Registered practitioner visit	Up to \$20	\$100 combined

* In order for benefits to be paid on general treatments, the health practitioner must be appropriately qualified and **registered** with their relevant association. To confirm exactly what benefits are payable on any particular treatment, contact ACA Health with the specific item number or description of the service.

** Annual limits do not rollover to the next calendar year. Benefits are paid according to the limit of the year in which the services are provided/purchased.

What's Not Covered?

- ✗ Services not listed above (including orthodontic treatment)
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after the service date
- ✗ Products or services purchased in or from countries other than Australia
- ✗ No special assistance
- ✗ Services performed by a Podiatric Surgeon (Inpatient)
- ✗ Naturopathy, Herbalism & Homeopathy

On joining general treatments cover for the first time, waiting periods must be served before benefits will be paid. If you upgrade your general treatments cover, waiting periods will apply before the higher benefits will be paid.

How to claim your benefits

For many services you can claim electronically 'on the spot' using your membership card. This means your benefits are paid to the health care provider immediately and you only pay the difference. If your health care provider does not have electronic claiming available, you can claim online or via post. To claim online through acahealth.com.au, login through 'Member login' and follow the prompts on the 'Make a Claim' page to upload your invoice and submit the claim. To claim via post, return a completed and signed claim form with the original invoices. You can download and print a claim form from our website. Our claims assessor will assess your claim and pay the benefits within 3-5 working days of receiving your claim. If you have not yet paid the provider for the service, a cheque will be made payable to them and you will need to present it to the provider with the gap payment.

Waiting Periods	
Optical	4 months
Dental	9 months
All other services	2 months

This product benefits sheet must be read in conjunction with your ACA Health Policy Booklet. Please read these documents carefully and retain them for your future reference.

Dental Benefits Schedule

Benefits will be 80% of cost up to the maximum limits shown below. All benefits and limits are subject to the annual calendar year limit of \$700.

Overall Annual Limit Per Person \$700		
Service	Item No.	Benefits Per Service
Diagnostic & Radiological Services		
Comprehensive oral examination	011	\$100
Periodic oral examination	012	\$100
Oral examination – limited	013	\$100
Consultation (incl examination)	014	\$100
Extended consultation (incl examination)	015	\$100
Intraoral periapical or bitewing radiograph per exposure	022	\$100
Intraoral radiograph – occlusal, maxillary, mandibular – per film per exposure	025	\$100
Full x-rays	031-039	\$100
Other	016, 017, 054, 059, 071, 074-091	\$100
Preventative Services		
Removal of plaque and/or stain	111	\$100
Removal of calculus – first visit	114	\$100
Removal of calculus – subsequent visit	115	\$100
Topical application of fluoride	121	\$100
Concentrated fluoride application – single tooth	123	\$100
Provision of a mouthguard – indirect	151	\$100
Bimaxillary mouthguard – indirect	153	\$100
Fissure sealing – per tooth	161	\$100
Periodontics (Yearly sub-limit: \$400)		
Supporting structures treatments	213-251	80% Benefit
Oral Surgery (Yearly sub-limit: \$400)		
Pulp & Removal of tooth or part	311,314	\$120
Surgical removal of tooth or part	322	\$168
as above incl. bone & tooth division	323	\$240
as above completely encased by bone	324	\$320
Surgical prostheses	331-345	80% benefit
Maxillo-facial injuries	351-359	80% benefit
Dislocations	361-363	80% benefit
Osteotomies	365-366	80% benefit
General surgical	371-379	80% benefit
Other surgical procedures	381-399	80% benefit
Endodontics (Yearly sub-limit: \$400)		
Root canal treatments	412-421, 431-438, 445, 452-458	80% benefit
Restorative Services (Yearly sub-limit: \$400)		
Metallic restoration – 1 surface	511	\$200
Metallic restoration – 2 surfaces	512	\$200
Metallic restoration – 3 surfaces	513	\$200
Metallic restoration – 4 surfaces	514	80% benefit
Metallic restoration – 5 surfaces	515	80% Benefit
Adhesive restoration – 1 surface-ant/post tooth	521, 531	\$200
Adhesive restoration – 2 surface-ant/post tooth	522, 532	\$250
Adhesive restoration – 3 surface-ant/post tooth	523, 533	\$250
Adhesive restoration – 4 surface-ant/post tooth	524, 534	80% benefit
Adhesive restoration – 5 surface-ant/post tooth	525, 535	80% benefit
Adhesive restoration - veneer	526, 536	80% benefit
Pin retention – per pin	575	\$30
Other	541-556, 571, 572, 574, 577-597	80% benefit

Overall Annual Limit Per Person \$700

Service	Item No.	Benefits Per Service
Prosthetics: Crowns Bridges & Implants (Yearly sub-limit: \$400)		
Full Crown – acrylic resin - indirect	611, 613	\$400
Full Crown – veneered - indirect	615	\$400
Full Crown – metallic - indirect	618	\$400
Core for crown including post - indirect	625	\$176
Preliminary restoration for crown - direct	627	\$116
Other	629-691	80% benefit
Emergency/General/Miscellaneous		
Palliative care	911	\$36.70
After hours call out	915	\$15
Anaesthesia & sedation	941-949	80% benefit
Splinting/stabilisation	981	80% benefit
Enamel stripping - per appointment	982	80% benefit
Occlusal Treatment/Therapy (Yearly sub-limit: \$400)		
Occlusal treatments	963, 965-968, 972	80% benefit
No Benefits Payable on the following items		
018, 019, 041-048, 051-053, 061, 072, 073, 113, 116-119, 122, 131, 141, 142, 171, 411, 451, 730, 775, 711-719, 721-724, 727, 728, 730-739, 741-754, 761-769, 771-779, 811-881, 916, 926, 927, 928, 945, 948, 961, 964, 971, 983-987, 990, 999.		



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