April 2017

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 are you covered for?

Service	Description	Benefit per service	Annual limit per person (calendar year)
Ambulance Pensioners must claim the pensioner discount first	Transport costs (Please refer to page 30 of the Products and Benefits Guide for further clarification)	100%	Unlimited
Dental This is not a comprehensive list of our dental benefits, please see the Dental Schedule insert inside.	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 (\$400 sub limit for all major dental) \$400 sub limit \$400 sub limit \$400 sub limit \$400 sub limit Nil Nil Nil
Optical Must be accompanied by a relevant sight correction prescription.	Single lens Lenses Frames Repairs Contact lenses Contact lens solution	80% of total cost	\$200
Pharmacy Available only on prescription	Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) limit (\$38.80 as at 1/01/2017)	Up to \$50 per script after deducting the PBS amount	\$250
Physiotherapy/Hydrotherapy Chiropractic/Osteopathy Podiatry	Registered practitioner visit	Up to \$25	\$300 combined
Remedial Massage/Naturopathy/ 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
- $\boldsymbol{\mathsf{x}}$. Services where there is an entitlement under compensation insurance
- old x 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)

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

On joining general treatments cover for the first time, waiting periods must be served before benefits will be paid. If you have upgraded 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. The list of participating providers for electronic claiming can be viewed at www.acahealth.com.au

If your health care provider does not have electronic claiming available, you will need to attach the original account or receipt to a completed claim form and mail it to us (claim forms may be downloaded from our website at www. acahealth.com.au). Our claims assessors will assess your claim and pay the benefits usually within 3-5 working days of receiving your claim. If you have not yet paid the provider for the service, we will make the payment out to them.

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.

Insert: Dental Benefits Schedule

Benefits will be 80% up to the maximum limits shown below. All benefits and limits are subject to the annual calendar year limit of \$1,700.

Overall annual limit per person \$700					
Service	Item no.	Benefits oer 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 radiographl	022	\$100			
ntraoral radiograph – occlusal, maxillary, mandibular – per film	025	\$100			
Full x-rays	031-039	\$100			
Other	016, 017, 055, 059, 071, 074-091	\$100			
Preventative Services					
Removal of plaque	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 limit: \$400)					
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 oer service		
Prosthodontics: Crowns Bridges & Implants (Yearly sub-limit: \$400)				
Full Crown – non-metallic - 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	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	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, 77	75, 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.

Need help with anything? Please contact us:

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