

Complete Ancillary

‘Our top extras cover – with generous benefits on a wide-range of general treatments’

The Complete Ancillary product offers you cover for a wide range of general treatment services including general and high-cost dental, orthodontics, optical, physiotherapy, natural therapies and much more for the whole family. We believe Complete Ancillary to be one of the best general treatment covers available, frequently offering higher benefits than many other health insurance products.



ACN 128 673 923

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 Fillings Periodontics Root canal treatment Crowns and bridges Implants Dentures Orthodontics | 80% of cost, up to \$100 80% of cost, up to \$100 80% of cost, up to \$100 80% of cost, up to \$120 Up to 80% of cost 80% of cost 80% of cost 80% of cost, up to \$1,000 80% of cost 80% of cost 80% of cost 80% of cost | \$1,700 <i>(For all dental items, including orthodontics)</i> \$1,000 sub-limit \$1,200 sub-limit \$1,200 sub-limit 5 yr progressive limit: \$1,700 Lifetime limit:\$3,600 |
| Optical <i>Must be accompanied by a relevant sight correction prescription.</i> | Single lens Lenses (pair) Frames (for prescription lenses) Repairs Contact lenses Contact lens solution | Up to \$140 Up to \$280 Up to \$120 80% of cost 80% of cost up to \$280 80% of cost | \$400 |
| Pharmacy <i>Available only on prescription</i> | Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) amount (\$40.30 as at 1/01/2019) | Up to \$100 per item after deducting the PBS amount | \$800 |
| Physiotherapy | Short treatment Standard treatment Extended treatment | 80% up to \$20 80% up to \$34 80% up to \$40 | \$850 combined |
| Exercise Physiology/Hydrotherapy | Treatment | 80% up to \$20 | |
| Chiropractic/ Osteopathy | Initial treatment Subsequent treatment X-ray | 80% up to \$45 80% up to \$32 80% up to \$85 | |
| Orthoptics | Eye therapy | 80% of cost | |
| Speech Therapy | Standard treatment Extended treatment | 80% up to \$40 80% up to \$50 | |
| Occupational Therapy | Initial individual assessment Subsequent individual assessments | 80% up to \$80 80% up to \$65 | |
| Remedial Massage Acupuncture | Registered practitioner visit | 50% up to \$30 | |
| Allergy Management | Allergy testing, membership to Medic Alert (or equivalent) and tags, when ordered and performed by a registered practitioner | 50% of cost | \$500 |
| General Appliances <i>With letter from a registered practitioner</i> | Appliances including: blood glucose monitor, nebuliser, wheelchair, CPAP machine and accessories plus more (contact us to confirm a particular item) | Up to 80% of cost | \$1,200 <i>(CPAP machine and accessories 5 year limit of \$1,200)</i> |
| Audiology | Hearing tests by a registered practitioner | 50% of cost | Unlimited |
| Cardiac Rehabilitation | Referred by a registered practitioner | 80% of cost | Unlimited |
| Diabetes Education | Diabetes Australia certified training program, consultation | 50% up to \$25 | \$100 |

Insert: 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 \$1,700.

| Overall Annual Dental Limit Per Person \$1,700 | | |
|---|---------------------------------|----------------------|
| 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 | 025 | \$100 |
| Full X-rays | 031-039 | \$100 |
| Other | 016, 017, 026, 051-059, 071-091 | \$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 |
| Desensitising | 165 | \$100 |
| Periodontics (Yearly sub-limit: \$1,200) | | |
| Supporting structures treatments | 213-251 | 80% Benefit |
| Oral Surgery | | |
| 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: \$1,200) | | |
| Pulp & Root canal treatments | 411-421, 431-438, 445-458 | 80% benefit |
| Restorative Services (Yearly sub-limit: \$1,000) | | |
| 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 Dental Limit Per Person \$1,700

| Service | Item No. | Benefits Per Service |
|---|--|---|
| Prosthodontics: Crowns Bridges & Implants | | |
| Full crown – acrylic resin – indirect | 611, 613 | \$1,000 |
| Full crown – veneered – indirect | 615 | \$1,000 |
| Full crown – metallic – indirect | 618 | \$1,000 |
| Core for crown including post – indirect | 625 | \$176 |
| Preliminary restoration for crown – direct | 627 | \$116 |
| Other | 629-691 | 80% benefit |
| Prosthodontics: Removable - Partial and Full Dentures | | |
| Maximum benefit for all removable prosthodontics (except denture repairs & maintenance) is \$1,700 over any progressive 5 year period. | | |
| Complete maxillary denture | 711, 713 | \$850 |
| Complete mandibular denture | 712, 714 | \$850 |
| Metal palate or plate (additional to above) | 716 | \$107 |
| Complete maxillary & mandibular denture | 715, 719 | \$1,700 |
| Partial maxillary denture – resin base | 721, 723 Provisional partial maxillary denture | \$352 |
| Partial mandibular denture – resin base | 722, 724 Provisional partial | \$352 |
| Partial maxillary denture – cast metal framework | 727 | \$795 |
| Partial mandibular denture – cast metal framework | 728 | \$795 |
| Retainer – per tooth | 731 | \$42 |
| Occlusal rest – per rest | 732 | \$47 |
| Tooth/teeth (partial denture) | 733 | \$20 |
| Overlays – per tooth | 734 | \$47 |
| Precision or magnetic attachment | 735 | \$85 |
| Immediate tooth replacement – per tooth | 736 | \$25 |
| Resilient lining | 737 | \$150 |
| Wrought bar | 738 | \$34 |
| Metal backing – per backing | 739 | 80% benefit |
| Denture maintenance/denture repairs | 741-754, 761-769 | 80% benefit |
| Other services | 771-779 | 80% benefit |
| Orthodontics (Lifetime limit \$3,600) | | |
| Positioning and relationship of teeth | 811-881 | 80% Benefit |
| <i>Where an orthodontic claim exceeds the annual dental limit, the member may claim benefits for the excess of the claim at the commencement of the next calendar year or on completion of the orthodontic treatment. For this reason, we suggest claiming first on all other dental services received in the year, as other dental benefits cannot be rolled over into following years. A copy of the contract must accompany the first claim.</i> | | |
| 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: \$600) | | |
| Occlusal treatments | 963, 965-968, 972 | 80% benefit |
| Oral appliance for diagnosed snoring and sleep apnoea | 983 or 984 and 985 | 50% up to \$600 Also subject to CPAP machine Limit See "General Appliances" page 1 |
| No Benefits Payable On The Following Items | | |
| 018, 019, 041-048, 061, 113, 116-119, 122, 131, 141, 142, 171, 730, 916, 926-928, 945, 948, 961, 964, 971, 986, 987, 990, 999. | | |

| Service | Description | Benefit Per Service | Annual Limit Per Person |
|--|--|--|---------------------------------------|
| Dietetics | Registered practitioner visit | 80% of cost | \$300 |
| Hearing Aids <i>Pensioners must claim any pensioner rebates first</i> | Hearing aids and repairs | 80% of cost | 3 year limit \$1500 |
| | Hearing aid and cochlear implant batteries | | \$200 |
| Home Nursing | Services of a Registered Nurse when ordered by a registered practitioner | 80% of cost (Daily limit \$100) | \$1,200 |
| Mammography/Bone Density Testing | Screening tests where a Medicare benefit is not payable | 80% of cost | 1 test |
| Maternity Services & Appliances | Prenatal classes, postnatal classes, settling classes, lactation consultations. When performed by an RN or registered midwife | 80% of cost | \$500 per policy |
| | Appliances for hire or purchase including: breast pump, infant sound and respiratory monitor (to prevent SIDS), TED stockings, blood glucose monitor, TENS machine | | |
| Midwife Services <i>Only payable where a midwife is used rather than a Doctor</i> | Services of a registered midwife in private practice, including prenatal and postnatal visits (where not covered by Medicare) | | |
| Orthopaedic Shoes <i>With letter from a registered practitioner</i> | Ordered by a registered practitioner for a medical condition | 100% of cost above \$100 | \$400 <i>Limit 1 pair of shoes</i> |
| Orthotics | Orthotics, shoe modifications and shoe repairs | 80% of cost | |
| Podiatry/Chiroprody | Treatment by a registered practitioner Outpatient only | 80% of cost | \$400 |
| Psychology <i>No benefits are payable for educational assessments or reports.</i> | Initial treatment Subsequent treatment Clinical assessment | 80% of cost up to \$110 80% of cost up to \$80 80% of cost up to \$150 | \$500 |
| Surgical Corsets/Stockings and Braces <i>With letter from a registered practitioner</i> | Ordered by a registered practitioner for a medical condition | 80% of cost | \$400 |
| Prescribed Vitamins and Minerals | With letter from a General Medical Practitioner | 50% up to \$20 per item | \$200 |
| Wound Care Clinics | Standard Treatment, including dressing costs Extended Treatment, including dressing costs | 50% of cost up to \$20 50% of cost up to \$30 | \$200 |

* 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 benefit is 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
- ✗ In-hospital accommodation for extraction of wisdom teeth
- ✗ 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
- ✗ Services performed by a Podiatric Surgeon (Inpatient)
- ✗ Naturopathy, Herbalism & Homeopathy

| Waiting Periods | |
|---|-----------|
| Optical | 4 months |
| Dental | 9 months |
| Hearing aids | 12 months |
| Prescribed health appliances (including maternity appliances) | 12 months |
| Foot orthotics & surgical shoes | 12 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. 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.

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.

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