

# 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 Covered	Description	Benefit per service	Annual limit per person (calendar year)
Ambulance <i>Pensioners must claim the pensioner discount first</i>	Transport costs	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	<b>\$700</b> <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>	Lenses Frames Repairs Contact Lenses Contact Lens Solution	80% of total cost	<b>\$200</b>
Pharmacy	Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) Limit (\$34.20 as at 1/01/2011)	Up to \$50 per script after deducting the PBS Amount	<b>\$250</b>
Physiotherapy / Hydrotherapy Chiropractic / Osteopathy	Registered practitioner visit	Up to \$25	<b>\$300</b> combined
Remedial Massage / Naturopathy / Acupuncture	Registered practitioner visit	Up to \$20	<b>\$100</b> 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 benefit 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
- ✗ Services provided in countries outside Australia

### 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](http://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](http://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 out the payment 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

Service	Item No.	Overall Annual Limit per person \$700
<b>Diagnostic &amp; Radiological Services</b>		
Comprehensive Oral Examination (Limit 1 per year)	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	022	\$100
Intraoral radiograph-occlusal, maxillary, mandibular - per film	025	\$100
Full X-rays (Limit 1 per year)	031-039	\$100
Other	016,017,055,056,071,074-086	\$100
<b>Preventative Services</b>		
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
<b>Periodontics</b>		<b>Yearly limit: \$400</b>
Supporting Structures Treatments	213-282	80% Benefit
<b>Oral Surgery</b>		<b>Yearly limit: \$400</b>
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
<b>Endodontics</b>		<b>Yearly limit: \$400</b>
Root Canal Treatments	412-421,431-438, 445, 452-458	80% Benefit
<b>Restorative Services</b>		<b>Yearly limit: \$400</b>
Metallic Restoration-1 surface	511	\$50
Metallic Restoration-2 surfaces	512	\$60
Metallic Restoration-3 surfaces	513	\$80
Metallic Restoration-4 surfaces	514	80% Benefit
Metallic Restoration-5 surfaces	515	80% Benefit
Adhesive Restoration – 1 surface-ant/post tooth	521,531	\$80
Adhesive Restoration - 2 surface-ant/post tooth	522,532	\$105
Adhesive Restoration - 3 surface-ant/post tooth	523,533	\$108
Adhesive Restoration - 4 surface-ant/post tooth	524,534	80% Benefit
Adhesive Restoration - 5 surface-ant/post tooth	525,535	80% Benefit
Pin Retention - per pin	575	\$17
Other	541-555,572-574, 576-597	80% Benefit

<b>Service</b>	<b>Item No.</b>	<b>Overall Annual Limit per person \$700</b>
<b>Prosthodontics: Crowns Bridges &amp; Implants</b>		<b>Yearly Limit: \$400</b>
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
<b>Emergency/General/Miscellaneous</b>		
Palliative care	911	\$36.70
After hours call out	915	\$15.00
Anaesthesia & Sedation	941-949	80% Benefit
Splinting/Stabilisation	981	80% Benefit
Enamel Stripping	982	80% Benefit
<b>Occlusal Treatment/Therapy</b>		<b>Yearly Limit: \$400</b>
Occlusal Treatments	963,965-968,972	80% Benefit
<b>No Benefits Payable on the following items</b>		
018,019,041-048,051-053,061, 072,073,113,116-119,122,131,141,165,171,411,451,575,730,775,711,712,716,719,721,722,727,728,731-739,741-754,761-769,771-774,776, 777, 778,779, 811-881,916,926,927,928,961,964, 971,985,986,990.		

**Need help with anything?**

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*...Because We Care*