

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.

What are you covered for?

Service	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 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 5yr limit: \$1,700 Lifetime Limit:\$3,600
Optical	Lenses (pair) Frames (for prescription lenses) Repairs Contact Lenses Contact Lens Solution	Up to \$280 Up to \$120 80% of Cost 80% up to \$280 80% of Cost	\$400
Pharmacy	Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) Amount (\$34.20 as at 1/01/2011)	Up to \$100 per script, after deducting the PBS Amount	\$800
Physiotherapy / Hydrotherapy	Extended Treatment Standard Treatment Short Treatment	80% up to \$40 80% up to \$34 80% up to \$20	\$850 combined
Chiropractic / Osteopathy	Initial Treatment Subsequent Treatment X-Ray	80% up to \$45 80% up to \$32 Up to \$85	
Orthoptics	Eye Therapy	80% of Cost	
Speech Therapy	Standard Treatment Extended Treatment	80% up to \$34 80% up to \$40	
Occupational Therapy	Initial Individual Assessment Subsequent Individual Assessments	80% up to \$80 80% up to \$65	\$360 combined
Remedial Massage	Registered Practitioner Visit	50% up to \$30	
Acupuncture	Registered Practitioner Visit		
Naturopathy	Registered Practitioner Visit		
Herbalist / Homeopathy	Registered Practitioner Visit		
Allergy Management	Allergy testing, membership to Medic Alert (or equivalent) and tags, when ordered and performed by a Registered Practitioner	50% of Cost	\$500
Appliances <i>With letter from a Registered Practitioner</i>	CPAP Machine and accessories Other appliances including: Blood Glucose Monitor, Nebuliser, Wheelchair, plus more (contact us to confirm a particular item)	Up to 80% of Cost	5 Year Limit \$1,200 Individual limits apply per appliance, contact us
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

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, repairs and maintenance	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	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)	40% of Cost	Unlimited
Orthopaedic Shoes	Ordered by a Registered Practitioner for a medical condition	100% of Cost above \$100	\$400 Limit of 2 pairs of shoes
Orthotics	Orthotics, shoe modifications and repairs	80% of Cost	
Podiatry / Chiropody	Treatment by a Registered Practitioner/Surgeon Inpatient or Outpatient	80% of Cost	\$300
Psychology <i>No benefits are payable for educational assessments or reports.</i>	Initial Treatment	Up to \$55	\$400
	Subsequent Treatment	Up to \$40	
	Clinical Assessment	Up to \$150	
Surgical Corsets / Stockings and Braces	Ordered by a Registered Practitioner for a medical condition	80% of Cost	\$400
Prescribed Vitamins, Minerals and Herbs	With letter from a Registered Practitioner	50% up to \$20 per item	\$200
Wound Care Clinics	Standard Treatment, including dressing costs	50% up to \$20	\$200
	Extended Treatment, including dressing costs	50% up to \$30	

* 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

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' by swiping 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, our cheque/s will be made payable 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.

Need help with anything?

Please contact us:

Phone: **1300 368 390**

Fax: **(02) 9847 3357**

Mail: **Locked Bag 2014, Wahroonga NSW 2076**

E-mail: **info@acahealth.com.au**

Web: **www.acahealth.com.au**



...Because We Care

Insert: Dental Benefits Schedule

Benefits will be 80% up to the maximum limits shown below

Service	Item No.	Overall Annual Limit per person \$1,700
Diagnostic & Radiological Services		
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, 051-056,071-086	\$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 limit: \$1,200
Supporting Structures Treatments	213-282	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 limit: \$1,200
Root Canal Treatments	411-421,431-438, 445-458	80% Benefit
Restorative Services		
		Yearly limit: \$1,000
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

Service	Item No.	Overall Annual Limit per person \$1,700
Prosthodontics: Crowns Bridges & Implants		
Full Crown – non-metallic -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	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	\$850 (from 1 April 2012)
Complete Mandibular Denture	712	\$850 (from 1 April 2012)
Metal Palate or Plate (additional to above)	716	\$107
Complete Maxillary & Mandibular Denture	719	\$1,700 (from 1 April 2012)
Partial maxillary denture - resin base	721	\$352
Partial mandibular denture – resin base	722	\$352
Partial maxillary denture – cast metal frame	727	\$795
Partial mandibular denture –cast metal frame	728	\$795
Retainer – per tooth	731	\$42
Occlusal Rest - per rest	732	\$47
Tooth	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
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.		
Emergency/General/Miscellaneous		
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
Occlusal Treatment/Therapy		Yearly Limit: \$600
Occlusal Treatments	963,965-968,972	80% Benefit
Oral appliance for diagnosed snoring and sleep apnoea	983 or 984	50% up to \$600 <i>Also subject to CPAP Machine Limit See "Appliances" page 1</i>
No Benefits Payable on the following items		
018,019,041-048,061,113,116-119,122,131,141,165,171,730,916,926-928,961,964, 971,986,990,999.		