onemedifund®
one way to go
Mail: Locked Bag 25, Wollongong NSW 2500 - Phone: 1800 148 626 - Fax: 1300 673 406
Email: info@onemedifund.com.au - Web: www.onemedifund.com.au

# Basic Extras

as at 1 January 2019

Basic Extras provides cover for essential extras services.

## Benefit Summary

| Basic Extras cover | | | |
|---|---|---|---|
| **Service** | | **Benefit** | **Annual limit (financial year)** |
| **Ambulance** | (Nationwide, all services) | 100% of cost | No annual limit |
| **General Dental** | Diagnostic/preventative | 75% of cost | $550 per person |
| | Extractions | | |
| | Oral surgery | | |
| | Restorations | | |
| | Endodontics | | |
| **Optical** | Glasses/frames | 100% of cost | $180 per person |
| | Contact lenses | | |
| **Pharmaceutical** | Prescriptions | 75% of balance in excess of PBS amount ($40.30 as at 1/1/2019). Max $50 per script. | $500 per person/$1,000 per family |
| **Physiotherapy** | Physiotherapy | 75% of cost | $350 per person/$700 per family |
| **Complementary Therapies** | Chiropractic<br>Chiropractic x-rays<br>Acupuncture<br>Osteopathic<br>Podiatry<br>Natural therapy<br>Remedial massage | 75% of cost | $350 per person/$700 per family |
| **Additional benefits** | Health management programs | 100% of the cost | $150 per single cover/ $300 per family cover |

### Important information (Extras):

- Each service has a limit
- Annual limits are per person unless otherwise specified
- Waiting periods may apply
- onemedifund runs on the financial year (1 July to 30 June)
- Benefits can only be paid towards recognised providers. To find your nearest recognised provider, visit www.onemedifund.com.au/providers
- Basic Extras can only be purchased as a combination (with a hospital cover)

### What isn't covered (Extras)

- Treatment you have not been charged for
- Services not recognised by onemedifund
- Services from providers that are not recognised by onemedifund
- Services provided outside of Australia
- Services that can be claimed through compensation, third party or sports club cover
- Claims submitted more than 2 years after the service date
- Non-prescription contacts, glasses and sunglasses
- Claims with a benefit less than $5
- Services provided by family members, relatives, business partners or yourself
- Goods or services primarily used for sport, recreation or entertainment

## National ambulance cover

**What we cover:**

- 100% of the cost
- Air, land or sea ambulance
- Unlimited distance within Australia
- No annual limit
- No waiting period

**What is not covered:**

- Ambulance subscriptions or state-based levies
- Ambulance costs that are covered under Government legislation or as part of a compensation claim
- Ambulance services that are not medically necessary

## General dental

- Benefits are paid at 75% of the cost up to the annual limit
- General dental services include diagnostic, preventative, extractions, oral surgery, restorations and endodontic treatment
- General dental does not include dentures, orthodontic, implants, crowns and bridgework (see high cost dental)
- A 2 month waiting period applies for these services (see waiting periods for more information)

## Optical

- Benefits can only be paid towards glasses or contact lenses that are for sight correction and are prescribed by a registered optometrist or ophthalmic surgeon
- A 6 month waiting period applies for these services (see waiting periods for more information)

## Pharmaceutical

- Benefits are only payable for pharmacy items that are not covered by the Government's Pharmaceutical Benefits Scheme (PBS). The PBS amount changes on 1 January each year and is $40.30 as at 01/01/2019.
- No benefits are payable for non-prescription, over-the-counter medications
- A 2 month waiting period applies for these services (see waiting periods for more information)

## Complementary therapies

- Benefits are only payable for services recognised by onemedifund from providers registered with the Australian Regional Health Group
- A 2 month waiting period applies for these services (see waiting periods for more information)

## Health management programs

- Benefits are available for approved programs used to treat a diagnosed health condition
- Approved screening services include blood pressure testing, cholesterol checks, mammograms and hearing tests
- We are unable to pay benefits towards goods or services that are used for sport, recreation or entertainment (e.g. sports shoes)

## Waiting periods

| Months | Claim category |
|---|---|
| 0 | • Ambulance<br>• Accidents requiring hospitalisation<br>• Transferring equivalent cover from another fund or parent's cover<br>Note: previous cover must be financial at the time of transfer and waiting periods must be served |
| 2 | • On commencement of or upgrading cover (apart from services noted below)<br>• General Dental, Pharmaceutical, Physiotherapy and Complementary Therapies |
| 6 | • Optical and Health Management benefits |
| 12 | • Pre-existing conditions – Any ailment, illness, or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months prior to you commencing hospital cover or upgrading to a higher Hospital cover. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you had not seen your doctor about it before commencing Hospital cover or upgrading to a higher Hospital cover. Note: This waiting period applies to Hospital cover only, and does not apply to Extras cover. |

**Please note:**

- Waiting periods will be waived for contributors transferring from another fund provided that:
  - the previous cover was an equivalent or higher level
  - the previous cover was financial at the time of transfer
  - waiting periods have been served with that fund
- If your previous level of cover was lower than your new level of cover, you will only be able to claim the lower benefits until waiting periods have been served.
- If annual limits have been used at the time of transfer you won't be able to claim for that service in the first year of cover with onemedifund. If part of the annual limit has been used you will only be able to claim the remainder of the limit within the first year.
- The 6 month waiting period for health management programs is not transferrable between funds. This period must be served with onemedifund before benefits are payable.

## Dependants

Dependants on a family cover are covered until they are:

- 18, provided they are single

  or

- 25, if they are a full time student and are single

Once a dependant is no longer covered under family cover we recommend that they commence their own cover with *onemedifund*. If they commence an equivalent or higher level of cover within 60 days of coming off the family cover, they will not have to re-serve the waiting periods they have already served.

## Other services

On-the-spot claiming is available at any Extras providers around Australia who are using the HICAPS system. Simply swipe your onemedifund contributor card at a participating provider and your claim is paid immediately.

## Privacy Statement

*onemedifund* respects your privacy and is committed to keeping your personal information safe through compliance with the Privacy Act and the National Privacy Principles.

We only collect information that is necessary to assist the fund in providing its services. We do not collect personal information unless we first ask the contributor or individual for it. *onemedifund* exercises great care to protect the personal information that is held.

If you wish to obtain additional information regarding our Privacy Statement please contact the fund Privacy Officer on **1800 148 626** or email us at info@onemedifund.com.au

## Cooling off period

We are committed to ensuring that you choose the health cover that is right for you. If you change your mind within the first 30 days of commencement or upgrade of cover, we will provide a full refund of any payments made (provided no claims have been made in that time).

## Complaints

If you have a complaint about onemedifund please contact us on **1800 148 626** and our staff will help to resolve your issue. Failing this, an escalation process is also available. Full details are included in our Complaints Resolution Statement.

If your complaint is not resolved you are entitled to seek the services of the Private Health Insurance Ombudsman (PHIO). PHIO provides free independent services to private health fund contributors. PHIO (www.ombudsman.gov.au) can be contacted on **1300 362 072** or on email at phio.info@ombudsman.gov.au or sent mail to:

**Private Health Insurance Ombudsman**
**Commonwealth Ombudsman**
**GPO Box 442**
**Canberra, ACT 2601**

## Code of Conduct

This Code was developed by Private Healthcare Australia (PHA) and Members Health Funds Alliance (representing restricted and regional health funds). As well as promoting improved standards in clarity of information given to contributors, it aims to solve problems between contributors and *onemedifund* through internal dispute resolution. The Code also ensures that funds inform their members of their entitlement to seek assistance from an external dispute resolution body, such as the Private Health Insurance Ombudsman (PHIO).

Private Health Insurance Code of Conduct™

**Please note: This document should be read carefully and retained for future reference.**

For further information, please call **1800 148 626** or email info@onemedifund.com.au.

onemedifund®
one way to go

**Mail: Locked Bag 25, Wollongong NSW 2500 - Phone: 1800 148 626 - Fax: 1300 673 406**

**Email: info@onemedifund.com.au - Web: www.onemedifund.com.au**