

Extras cover comparison table

This table shows the annual limits and sub-limits that apply to benefits for extras items and services. Unless otherwise shown, limits are per person, per calendar year.



Limits

Each of our extras covers has annual limits and sub-limits.

The benefit we pay for a particular claim is likely to be less than the annual limit or sub-limit and less than your provider's charge. This means you'll usually have out-of-pocket expenses for each service or item.

Additional restrictions apply to the payment of benefits for some services. Please call us on 132 331 for more information.

Benefit replacement period

You might need to wait for a period of time from the date of purchase of some items before you're entitled to another benefit to replace the item.



Notes

* The 2 month waiting period is waived when the service arises from an accident.

Increases by \$50 per calendar year of continuous membership to the maximums shown. You'll be eligible for the increases once you have served one full calendar year's membership.

† Benefits aren't available where there's an entitlement to cover under a state scheme or any other source.

Item/Service	Waiting period	Basic First Choice Extras	Intermediate Smart Choice Extras	Comprehensive Blue Ribbon Extras & Blue Ribbon Extras Plus
General dental eg. dental examination, scale and clean	2 months* 12 months for surgical procedures and extractions	\$500 Combined general dental and endodontic services annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	\$800 Combined general dental and endodontic services annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	No annual limit \$300 sub-limit during the first 6 months of membership of any extras cover
Endodontic services eg. root canal treatment	12 months			
Optical items eg. frames, prescription lenses and contact lenses	6 months	\$200 A sub-limit of \$92 for frames	\$225 A sub-limit of \$92 for frames and \$200 for contact lenses	\$250 A sub-limit of \$92 under Blue Ribbon Extras and \$115 under Blue Ribbon Extra Plus for frames and \$200 for contact lenses under both
Physiotherapy eg. consultations (includes group pilates and hydrotherapy sessions)	2 months*	\$300	\$300	\$700
Pharmaceutical prescriptions Includes most prescribed non-PBS items. Benefits will be paid after a set charge has been deducted	2 months*	\$300	\$300	\$600
Medically necessary ambulance transport†	2 months*	No annual limit	No annual limit	No annual limit
Major dental				\$2,000 For services in this category but not to exceed the amount shown for each sub-category
Inlay/onlay restorative eg. restorative fillings	12 months			\$300-\$700*
Dentures, crowns and bridges	12 months			\$400-\$800*
Orthodontic eg. braces	12 months			\$400-\$800* Lifetime limit of \$2,400 per member
Periodontic eg. treatment of gum disease	12 months			\$300-\$700*
Alternative therapies Consultations for:				\$500 For services in this category but not to exceed the amount shown for each sub-category
Chiropractic and osteopathy	2 months*			\$400
Acupuncture	2 months*			\$400
Naturopathy	2 months*			\$400
Natural Therapies: Remedial massage and myotherapy, reflexology, shiatsu, homeopathy, western and Chinese herbalism, Alexander technique, Bowen therapy, aromatherapy, kinesiology and exercise physiology	2 months*			\$150 for Blue Ribbon Extras and \$200 for Blue Ribbon Extras Plus
Other therapies Consultations for:			Flexi-Fund Up to \$300 per person up to a maximum of \$600 per couple membership across all these covered services (sub-limits may apply)	\$1,000 For services in this category but not to exceed the amount shown for each sub-category
Podiatry: Includes specified orthotics	2 months*			\$400
Dietetics: Includes Jenny Craig weight loss benefit	2 months*			\$400 Note: For the approved Jenny Craig weight loss program, sub-limits of \$200 per membership per calendar year and \$100 per person per lifetime apply.
Occupational therapy	2 months*			\$400
Speech therapy	2 months*			\$400
Orthoptics (eye therapy)	2 months*			\$400
Health appliances				\$1,000 For services in this category but not to exceed the amount shown for each sub-category
Hearing aids	36 months			\$800 Sub-limits and other restrictions apply
Breathing appliances eg. peak flow meters, nebulisers and spacing devices	12 months			\$180 per membership every 3 years \$240 per membership every 3 years and \$150 per person every 3 years
Blood glucose monitors	24 months			\$240 per membership every 3 years and \$150 per person for Blue Ribbon Extras or \$180 per person for Blue Ribbon Extras Plus every 3 years
Other health appliances (including external prostheses)	2 months*			\$500 Sub-limits and other restrictions apply
Clinical psychology Consultations only	2 months*			\$400
School accident For preschool, primary and secondary school students	2 months			\$800