

# Packaged cover comparison table – extras component

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 services 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.
- † The Flexi-Extras limit increases by \$100 each calendar year of continuous MyOptions membership to a maximum of \$750.
- ^ The Flexi-Bonus limit increases by \$25 each calendar year of continuous MyOptions membership to a maximum of \$200.
- ~ Benefits aren't available where there's an entitlement to cover under a state scheme or other source.

Item / Service	Waiting period	Basic MyOptions	Basic HealthyPlus	Intermediate SmartPlus	Comprehensive AdvantagePlus	Comprehensive PremierPlus	
<b>General dental</b> eg. dental examinations, scale and clean	2 months* 12 months for surgical procedures and extractions	<b>No annual limit</b> \$300 sub-limit during the first 6 months of membership of any extras cover	<b>\$500</b> Combined general dental and endodontic services annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	<b>\$800</b> Combined general dental and endodontic services annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	<b>No annual limit</b> \$300 sub-limit during the first 6 months of membership of any extras cover	<b>No annual limit</b> \$300 sub-limit during the first 6 months of membership of any extras cover	
<b>Endodontic services</b> eg. root canal treatment	12 months	<b>\$400</b>			<b>\$400-\$800#</b>	<b>\$400-\$800#</b>	
<b>Optical items</b> eg. frames, prescription lenses and contact lenses	6 months	<b>\$200</b> A sub-limit of \$92 for frames	<b>\$200</b> A sub-limit of \$92 for frames	<b>\$225</b> A sub-limit of \$92 for frames and \$200 for contact lenses	<b>\$250</b> A sub-limit of \$92 for frames and \$200 for contact lenses	<b>\$250</b> A sub-limit of \$115 for frames and \$200 for contact lenses	
<b>Medically necessary ambulance transport</b> †	2 months*	<b>No annual limit</b>	<b>No annual limit</b>	<b>No annual limit</b>	<b>No annual limit</b>	<b>No annual limit</b>	
<b>Physiotherapy</b> eg. consultations (includes group pilates and hydrotherapy sessions)	2 months*		<b>\$300</b>	<b>\$300</b>	<b>\$700</b>	<b>\$700</b>	
<b>Pharmaceutical prescriptions</b> Includes most prescribed non-PBS items. Benefits will be paid after a set charge has been deducted	2 months*		<b>\$300</b>	<b>\$300</b>	<b>\$600</b>	<b>\$600</b>	
<b>Major dental</b>					<b>\$2,000</b> For services in this category but not to exceed the amount shown for each sub-category	<b>\$2,000</b> For services in this category but not to exceed the amount shown for each sub-category	
Inlay/onlay restorative eg. restorative fillings	12 months	<b>Flexi-Extras \$350 - \$750*</b> You decide how you spend the benefit on these covered services.			\$300-\$700#	\$300-\$700#	
Dentures, crowns and bridges	12 months				\$400-\$800#	\$400-\$800#	
Orthodontic eg. braces	12 months		Lifetime limit \$2,400 per member			\$400-\$800# Lifetime limit of \$2,400 per member	\$400-\$800# Lifetime limit of \$2,400 per member
Periodontic eg. treatment for gum disease	12 months					\$300-\$700#	\$300-\$700#
<b>Alternative therapies</b> Consultations for:						<b>\$500</b> For services in this category but not to exceed the amount shown for each sub-category	<b>\$500</b> For services in this category but not to exceed the amount shown for each sub-category
Chiropractic and osteopathy	2 months*		\$300 sub-limit		\$400	\$400	
Acupuncture	2 months*				\$400	\$400	
Naturopathy	2 months*				\$400	\$400	
Remedial massage and myotherapy	2 months*		\$100 sub-limit				
Natural therapies: Reflexology, shiatsu, homeopathy, western and Chinese herbalism, Alexander technique, Bowen therapy, exercise physiology, aromatherapy and kinesiology	2 months*	<b>Flexi-Bonus \$100 - \$200*</b> Top up your benefits for natural therapies or any of the core and Flexi-Extra services.		<b>Flexi-Fund</b> Up to \$300 per person up to a maximum of \$600 per couple membership across all these covered services (sub-limits may apply)	\$100 sub-limit	\$150	\$200
<b>Other therapies</b> Consultations for:					<b>\$1,000</b> For services in this category but not to exceed the amount shown for each sub-category	<b>\$1,000</b> For services in this category but not to exceed the amount shown for each sub-category	
Podiatry: Includes specified orthotics	2 months*				\$400	\$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.	\$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	\$400	
Speech therapy	2 months*				\$400	\$400	
Orthoptics (eye therapy)	2 months*				\$400	\$400	
<b>Health appliances</b>					<b>\$1,000</b> For services in this category but not to exceed the amount shown for each sub-category	<b>\$1,000</b> 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	\$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	\$180 per membership every 3 years	\$180 per membership every 3 years	
Blood glucose monitors	24 months			\$240 per membership every 3 years and \$150 per person every 3 years	\$240 per membership every 3 years and \$150 per person every 3 years.	\$240 per membership every 3 years and \$180 per person every 3 years.	
Other health appliances (including external prostheses)	2 months*			Sub-limits and other restrictions apply	\$500 Sub-limits and other restrictions apply	\$500 Sub-limits and other restrictions apply	
<b>Clinical psychology</b> Consultations only	2 months*				<b>\$400</b>	<b>\$400</b>	
<b>School accident</b> For preschool, primary and secondary school students	2 months				<b>\$800</b>	<b>\$800</b>	