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A INTRODUCTION

A1 Rules Arrangement

1. Set out forthwith are the contribution and benefit rules for LYSAGHT PEOPLECARE, being a registered Health Benefits Organisation under the National Health Act, established and maintained by the LYSAGHT FRIENDLY SOCIETY LIMITED.

A2 Health Benefits Fund

A3 Obligations to Fund

A4 Governing Principles

A5 Use of Funds

1. The Board shall cause the true accounts to be kept of the moneys received and expended by the Fund and matters in respect of which such receipts and expenditure take place and of the assets, credits and liabilities of the Fund. There shall be credited to the Health Benefits Fund the whole of the income of the Organisation arising out of the carrying on by the Organisation of business as a Registered Health Benefits Organisation.
2. No amount shall be debited to this Fund other than:
3. Payments by the Fund of benefits payable under these rules in respect of contributors to the Fund or dependants of such contributors;
4. Costs incurred by the Fund in the carrying on of a business as a registered Health Benefits Organisation;
5. Costs incurred by the Fund in providing, or arranging to provide professional services or other allied health services for contributors, or contributors included in a class of contributors, to that Fund or dependants of such contributors; or
6. Any amount paid from that Fund to the Health Benefits Reinsurance Trust Fund in accordance with a determination of the Trustees under Section 73 BC of the National Health Act, 1953.

A6 No Improper Discrimination

A7 Changes to Rules

A8 Dispute Resolution



A9 Notices

A10 Winding Up

A11 Other

1. The Public Officer shall be appointed and shall be responsible for and carry out duties as provided in the National Health Act.
2. An Acting Public Officer shall be appointed to act in the place of the Public Officer. The Officer shall be deemed to be the Public Officer during the whole of the period of the acting appointment.

B INTERPRETATION AND DEFINITIONS

B1 Interpretation

1. The definitions as set out in the *National Health Act 1953* and the *Health Insurance Act 1973* shall be read in conjunction with these rules and shall be deemed to be part of these rules and shall have the same meaning as that which is defined in the above Acts.

B2 Definitions

1. In these rules - unless otherwise stated - '**Board**' shall mean the executive body appointed as provided for in Rule 5 of the Lysaght Friendly Society Limited.
2. '**Dependant**' shall mean and include:-
3. The husband / wife of a member and his/her children twenty-one (21) years of age.
4. For fund benefit purposes, a student dependant is one who has been accepted by this Organisation beyond twenty-one (21) years of age and who is:
 - Unmarried,
 - A full time student at a school, college or university,
 - Under the age of 25 years
5. Relative acting as housekeeper and maintained by member where member is a widower/widow or his/her spouse/defacto is incapacitated.
6. In the case of a single member his/her father, mother, brother or sister where same are proved to be dependant on the member.
7. '**Wife**' means either legal or De Facto wife.
8. '**Husband**' means either legal or De Facto husband.
9. '**Single**' means unmarried, widowed, widower or divorced.
10. '**Married**' means either legal or De Facto.
11. Subject to the approval of the Board such other person as is entirely dependent on the contributor.
12. '**Contributor**' in relation to the health benefits fund conducted by the organisation means a person who pays contributions, or on whose behalf contributions are paid,



- being a person who, by reason of those contributions, is entitled, under the rules of the organisation, to benefits from the health benefits fund, and includes a dependant of that person.
13. **'De Facto'** shall have the meaning attributed to it in and by the De Facto relationships Act (NSW) 1984 as amended.
 14. **'The Financial Year'** means the period between 1st July and 30th June the following year.
 15. **Applicable Benefits Arrangement** has the meaning described in Section 5A of the *National Health Act 1953* and as amended from time to time.
 16. **Hospital Purchaser - Provider Agreement** means an agreement entered into under Section 73BD of the *National Health Act 1953*, between Lysaght Peoplecare and a Hospital or Day Hospital Facility and as amended from time to time.
 17. **Medical Purchaser-Provider Agreement** means an agreement entered into under Section 73BDA of the *National Health Act 1953*, between Lysaght Peoplecare and a Medical Practitioner and as amended from time to time.
 18. **Pre-Existing Ailment** means an ailment or illness, the signs or symptoms of which, in the opinion of a medical practitioner appointed by the organisation, existed at any time during the six months preceding the day on which the contributor began contributions to the organisation.
 19. **Medical Practitioner** means a person as defined in ss3(1) of the *Health Insurance Act 1973* and includes other persons as defined in ss73BDA(6) of the *National Health Act 1953* and as amended from time to time.
 20. **Day Hospital Facility** means a facility as defined in sub-section 4(1) of the *National Health Act 1953* or as amended from time to time.
 21. **Emergency Benefit** an emergency is a situation where the patient is treated by the medical practitioner within thirty minutes of presentation, and the patient is:
 - at risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
 - suffering from suspected acute organ or system failure; or
 - suffering from an illness or injury where the viability or function of a body part or organ is acutely threatened; or
 - suffering from a drug overdose, toxic substance or toxin effect; or
 - suffering severe pain where the viability or function of a body or organ is suspected to be acutely threatened; or
 - suffering acute significant haemorrhage and requiring urgent assessment and treatment.
 22. **Hospital Casemix Protocol** means the Hospital Casemix Protocol prescribed for the purpose of subsection 73BD(2)(c) of the NHA and as amended from time to time.
 23. **Episode Duration** in relation to a particular kind of payment made in accordance with an applicable benefits arrangement other than a basic table, means the number of days worked out in accordance with the information provided by a hospital or day-hospital facility concerned to Lysaght Peoplecare under the Hospital Casemix Protocol.
 24. **Palliative Care** An episode of palliative care occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable or, where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a



person. Interventions such as radiotherapy, chemotherapy, and surgery are considered part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

25. **Default Benefit** means the minimum benefit as determined by the Minister for Health that is payable to members who are in receipt of treatment for non-emergency conditions in hospitals or day-hospital facilities for which no hospital purchaser - provider agreement exists.
26. **Eligible Contributor** means a member of Lysaght Peoplecare who is treated in a hospital or day-hospital facility which is party to a hospital purchaser-provider agreement.

B3 Other

C MEMBERSHIP

C1 General Conditions of Membership

C2 Eligibility for Membership

1. The following persons shall be eligible for membership:
 - (i) Subject to these fund rules, any natural person currently residing in Australia is eligible to be a member of Lysaght Peoplecare.

C3 Dependants



C4 Membership Applications

1. The Board shall have the right to refuse, in which case a reason will be given, the application of any person to become a member and cancel the membership of any member by giving eight (8) weeks notice in writing to such member and a refund of the unexpired contributions as at the date of expiration of such notice. However, a person will not be refused admission to membership of the Public (Basic Private) Hospital Table by reason of his/her state of health.
2. A person shall not be permitted to contribute to the Medical Gap Table unless that person also contributes for benefits in accordance with a Hospital benefits Table.
3. A person shall not be permitted to contribute to the Medical Gap Plus Table unless that person also contributes for benefits in accordance with either the Private Plus, Private Excess 250/500, Private Excess 500/1000, Private Excess 150/300 tables or the BHP Health Plan.

C5 Duration of Membership

C6 Transfers

1. Members who transfer from another registered health benefits organisation within a period of two (2) months from the date to which contributions were paid last, shall be accepted with membership rights and benefit entitlement not in excess of those pertaining to the table to which the contributor transfers in this organisation.
2. On the transfer of a member to another registered health benefits organisation and upon his/her acceptance of that registered organisation there shall be no further liability on this Fund in respect of such member in respect of services incurred after the date of transfer.

C7 Cancellation of Membership

- 1) Where a consumer joins the fund or where an existing member changes their level of cover and within a period of 30 days decides that they wish to cancel the relevant transaction then a full refund will be paid by the fund and the cover cancelled (provided that no claims have been made against the relevant policy during that period). The request for cancellation of the policy or change in policy must be submitted by the member in writing.
- 2) The period of 30 days during which the member may make the determination to cancel their policy will be deemed to be the “cooling off period”

C8 Termination of Membership

- 1) Where in Lysaght Peoplecare Limited opinion a member has obtained an improper advantage for themselves or for any other member, Lysaght Peoplecare Limited may terminate the relevant membership immediately, by written notice, to the contributor.



- 2) For the purposes of this Fund Rule “improper advantage” means any advantage, monetary or otherwise to which a member is not entitled under to the Fund Rules.
- 3) In any other circumstances other than as specified at Fund Rules C8.1 or D5.1, or where it would otherwise result in a breach of relevant legislation, Lysaght Peoplecare Limited may terminate a membership, provided that the contributor is given at least two (2) months notice in writing including a reason for the termination; and refund any premiums paid in advance as at the date of termination.
- 4) Where a membership has been terminated under this Fund Rule, Lysaght Peoplecare Limited has discretion to reinstate the membership at the request of the contributor with continuity of entitlements subject to the payment of all premiums as required under Fund Rule D5.1.

C9 Temporary Suspension of Membership

- 1) Where in Lysaght Peoplecare Limited opinion a member may have obtained an improper advantage for themselves or for any other member, Lysaght Peoplecare Limited may suspend the relevant membership immediately, by written notice, to the contributor.
- 2) For the purposes of this Fund Rule “improper advantage” means any advantage, monetary or otherwise to which a member is not entitled under to the Fund Rules.
- 3) Where a membership has been suspended under this Fund Rule, Lysaght Peoplecare Limited has discretion to reinstate the membership at the request of the contributor with continuity of entitlements subject to the payment of all premiums as required under Fund Rule D5.1.
- 4) Where a membership has been determined as having obtained “improper advantage” the membership may subsequently be terminated in accordance with rule C8 Termination of Membership.

C10 Other

D CONTRIBUTIONS

D1 Payment of Contributions



1. All members (as defined in Rules C.2.1.4 - C.2.1.8) contributions are to be paid in advance, at least monthly. Members in this classification will be deemed to be unfinancial if contributions are not received within two (2) calendar months after being due and will forfeit the privilege of membership, subject to Rule No. D.5.1, D.5.2, D.5.3.
2. Contributions shall be payable from a date and at such times as the Board may from time to time determine, as set out in Schedule K.
3. All hospital table contributions shall be reduced for contributors who are prescribed as being exempt from the A.C.T. Ambulance Service Levy or the Health Insurance Levies Act 1982 (NSW). Hospital table contributions for such contributors shall be reduced by an amount equal to the prescribed rate of the respective levies.

D2 Contribution Rate Changes

1. With regard to contribution rates the Directors shall have the power to make new rules, amend or rescind rules.
2. Where members are paid in advance of the date of an announcement of an increase in contribution rates, the date paid to shall be preserved and no adjustment to the contributions due shall be effected. The rate protection shall apply for a maximum period of 12 months and where the contributions are paid in excess of that date, an adjustment shall be made in respect of those contributions only.
3. A member may not amend their standard payment frequency in order to obtain a greater benefit (an additional period of rate protection) than that which would normally apply.

D3 Contribution Discounts

D4 Lifetime Health Cover

D5 Arrears in Contributions



1. A member more than two (2) months in arrears with his/her contributions shall be regarded as unfinancial and as having forfeited his/her right to membership under the Rules of the Fund. However, a contributor who is in arrears for a period of up to two (2) months and pays all such arrears before the end of that period is entitled to benefits for services rendered during that period.
2. The Board may review any case and extend the period beyond two (2) months up to twelve (12) months, and/or cancel arrears.
3. It shall be the responsibility of members receiving compensation pay to submit to the Fund their contributions when due.
4. In the event of cessation of work because of industrial trouble in the industry, employees will be deemed to be unfinancial for the duration of the stoppage and the arrears shall be paid upon the resumption of work by double contributions until up to date.

D6 Other

E BENEFITS

E1 General Conditions

1. Health Fund benefits payable shall not exceed the fees and/or charges raised for any treatment and/or services rendered, being treatment and/or services covered for benefits under the Health Benefits Fund, after taking into account benefits paid from any other source.
2. There shall be established and maintained on and from 1st February 1984 in the Health Benefits Fund conducted by this organisation, a Reinsurance Account.

E2 Hospital



1. For hospital tables listed under this rule, benefits are payable to cover all costs that a member or eligible dependent incurs for pharmaceutical benefits dispensed to the member or eligible dependent while he / she is an admitted patient at the hospital or day hospital facility with which the fund has a Hospital Purchaser Provider Agreement. The costs that a member or eligible dependent incurs for pharmaceutical benefits are contingent upon whether the member or eligible dependent has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.
2. A ‘pharmaceutical benefit’ is defined as any medicine listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Ageing) that is dispensed to the member or eligible dependent.
3. A ‘pharmaceutical benefit’ referred to in this section of the fund rules must be intrinsic to the hospital treatment provided, clinically indicated and essential for the meeting of satisfactory health outcomes for the member or the eligible dependent. This does not include pharmaceutical benefits that are dispensed where these are not directly related to treatment of the condition or ailment for which they have been admitted.
4. The fund also covers the costs that a contributor incurs for special patient contributions, brand premiums and therapeutic group premiums listed in the Schedule of Pharmaceutical Benefits that apply to certain pharmaceutical benefits, regardless of whether the member or eligible dependent has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.
5. The fund covers costs for pharmaceutical benefits up to a maximum quantity dispensed. The maximum quantity covered is as listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Ageing) or as recorded on an Authority Prescription Form (and authorised by the Health Insurance Commission) where the quantity dispensed is clinically indicated, intrinsic to the hospital treatment provided and essential to the meeting of satisfactory health outcomes for the member or the eligible dependent.
6. Where the cost to a member or eligible dependent for a drug or medicinal preparation listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Ageing) is less than the pharmaceutical benefit co-payment (as determined by the Commonwealth Department of Health and Ageing), these drugs are not considered to be ‘pharmaceutical benefits’ and are not covered by the fund under this section of the rules.
7. The following hospital tables offer an applicable benefits arrangement providing 100% cover of the costs to the contributor for treatment at a hospital or day hospital facility; Private Plus Table, Private Excess 150/300 Table, Private Excess 250/500 Table and Private Excess 500/1000 Table.
8. Members and their dependants eligible for benefits shall also be entitled to the Applicable Benefits Arrangements provided by the Hospital Purchaser Provider Agreements.





E3 Ancillary

E4 Other

1. The Directors shall have the power to increase Hospital Tables and/or Ancillary Tables benefit payments, make new rules, amend or rescind rules.
2. Except in the case of rules mentioned in D.2 and E.4.1 no new rule shall be made, nor shall any of the rules herein contained or herein after to be made, be amended or rescinded unless with the consent of a majority of members present at a General Meeting of which due notice has been given.
3. No new rules or amendment of rules relating to the registered Public Hospital Table shall be operative until approved under the *National Health Act.1953*.

F LIMITATION OF BENEFITS

F1 Co Payments

F2 Excesses

1. The Private Plus hospital product has three excess options; 150/300, 250/500 and 500/1000 where the maximum excess payable each financial year. The lower amounts as shown apply respectively to single memberships and the higher amounts apply to family memberships.
2. Where a hospital service applies on or after 1 July 2005, the relevant excess that applies in a public hospital or as a day patient in a private hospital or day surgery facility shall be one half of the standard excess that would otherwise apply to a private hospital overnight stay patient.

F3 Waiting Periods



1. Persons eligible for membership not previously insured and joining the fund or existing members transferring to a higher table shall be subject to the following waiting periods from the date of application:-

In respect to ambulance services – no waiting period applies

In respect to accidents – no waiting period applies

In respect of any other hospital treatment or ancillary benefits - 2 months, except

In respect to any optical benefits – 6 months

In respect of any approved health and lifestyle improvement benefits - 6 months

In respect of hospital treatment or other services related to an obstetric condition - 12 months

In respect of any high cost dentistry such as; crowns / bridgework / implants and orthodontic - 12 months

In respect of any ailment, condition or illness, the signs or symptoms of which, existed at any time during the six months preceding the day of joining or upgrading tables - 12 months

In respect of laser eye surgery – 24 months

In respect to hearing aids – 24 months

2. Fund benefits are payable in the case of premature births if the contributor would have completed twelve (12) months membership at the date the birth was due to occur.
3. Children of all contributors who are born after membership commences shall be entitled to benefits immediately at birth providing membership is at the family rate, as from the date of the birth.

F4 Exclusions



1. When a member is given treatment without charge.
2. When a member has an entitlement under any Compensation, Third Party or Sports Club Insurance or similar legislation relating thereto.
3. When a claim is submitted more than twenty-four (24) months after the date of service.
4. When a claim is submitted for optical appliances not requiring sight correction eg sunglasses
5. When the claim benefit is less than \$5, although this can be accumulated and submitted with other claims
6. When a service is provided by a family member, relative, business or practice partner or self
7. When services are provided outside the Commonwealth of Australia, except if the member is a pre-approved overseas resident
8. When the claim is for goods or services that are deemed to be primarily for the purposes of sport, recreation or entertainment

F5 Benefit Limitation Periods

F6 Restricted Benefits

1. For the purposes of the Health Benefits Fund, pre-existing illnesses or ailments as defined in (kc) of Schedule 1 of the *National Health Act 1953* (as amended).
2. Where the service received is deemed to be of a wholly cosmetic nature.
3. Where benefits are payable for initial consultations they will be limited to one each financial year, except for physiotherapy services where two initial consultation services will be claimable.
4. Where a service is provided by an Medical, Dental or other practitioner for one's self, spouse or dependants, by one's self, spouse or dependant a benefits are not payable from any ancillary table/s.
5. The Fund may provide a benefit for the cost of items or supplies provided.

F7 Compensation Damages and Provisional Payment of Claims

1. Fund benefits, except the standard fee declared in respect of compensable patients, are not payable under any of the fund hospital tables in respect of



expenses incurred for hospital treatment, where a contributor or dependant has received or established a right to receive a payment by way of compensation or damages (including a payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or Internal Territory, which, in the opinion of the Fund includes an amount for hospital expenses equivalent to the Fund Benefit that would otherwise be payable.

2. Where the amount of the entitlement for compensation or damages is, in the opinion of the Fund, less than the Fund Benefit that would otherwise be payable under the Health Benefits Fund and/or any hospital table but for the preceding Rule in respect of the expenses incurred for that hospital treatment, Fund Benefit is payable. The amount of Fund Benefits payable shall not exceed the difference between the amount of Fund Benefit that would otherwise have been payable and the amount of the entitlement for compensation or damages.
3. Where rights have not been determined the Board may, at its discretion and on satisfactory proof of hardship being submitted, make provisional payment of benefits which will be recovered in whole or part when compensation or damages are paid.

F8 Other

1. Claims for benefit shall be made on the Authorised Claim Form.
2. The account and receipt must be attached to the claim form; if the account has not been paid, a cheque will be addressed to the provider.
3. All accounts for the Basic Ancillary table must be paid by the member and attached with the receipt to the claim form except for ambulance services where unpaid accounts may be submitted. Benefits will be credited directly to the members approved Bank, Building Society or Credit Union account.

G CLAIMS

G1 General

G2 Other



H1 SCHEDULE HOSPITAL TABLES

H1 1 Table Name or Group of Table Names

1. Public Hospital Table

H1 2 Eligibility

H1 3 General Conditions

1. The fund benefits payable under the Public Hospital Table shall be as defined in paragraph (bj) of Schedule 1 of the National Health Act 1953 and not being nursing home type patients, the full cost of private room accommodation in relation to the respective State or Territory.

H1 4 Hospital Payments

H1 5 Medical Services Payments while admitted

H1 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H1 7 Non PBS Pharmaceuticals

H1 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically



Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

H1 9 Nursing Home Type Patients

H1 10 Co Payments

H1 11 Excesses

H1 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H1 13 Restricted Benefits



1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H1 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:



H1 15 Loyalty Bonuses

H1 16 Other Special



H2 SCHEDULE HOSPITAL TABLES

H2 1 Table Name or Group of Table Names

1. Medical Gap Table

H2 2 Eligibility

H2 3 General Conditions

1. The fund benefits payable under the Medical Gap Table shall be as defined in Condition (ea) of Schedule 1 of the National Health Act 1953 (as amended).

H2 4 Hospital Payments

H2 5 Medical Services Payments while admitted

H2 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H2 7 Non PBS Pharmaceuticals

H2 8 Surgically Implanted Prostheses

H2 9 Nursing Home Type Patients



H2 10 Co Payments

H2 11 Excesses

H2 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H2 13 Restricted Benefits

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:



4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H2 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

H2 15 Loyalty Bonuses

H2 16 Other Special





H3 SCHEDULE HOSPITAL TABLES

H3 1 Table Name or Group of Table Names

1. Private Plus Hospital Table

H3 2 Eligibility

H3 3 General Conditions

1. Unless contrary to the provisions of this Rule, the Rules of the Fund shall apply.

H3 4 Hospital Payments

1. Where on or after the 1st July 1999 a contributor or dependant receives treatment as a private patient in a recognised Hospital in the State or Territory to which the table relates, being patients who are not Nursing Home Type patients, benefits shall be paid equal to the amount of the standard shared ward or private room hospital fees in relation to that State or Territory.
2. Where on or after the 1st April 2002 a contributor or dependant receives treatment as a private patient in a private hospital or a day hospital facility, being patients who are not Nursing Home Type patients, benefits equivalent to the relevant default benefits as determined by the Minister for Health from time to time shall be payable, unless the hospital treatment is provided by a hospital that has a Hospital Purchaser Provider Agreement with the fund in accordance with Rule H.3.4.3.
3. Members and their dependants eligible for benefits shall also be entitled to the Applicable Benefits Arrangements provided by the Hospital Purchaser Provider Agreements listed under Schedule M of the rules.

H3 5 Medical Services Payments while admitted



H3 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H3 7 Non PBS Pharmaceuticals

H3 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

H3 9 Nursing Home Type Patients

H3 10 Co Payments

H3 11 Excesses

H3 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:



6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H3 13 Restricted Benefits

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H3 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:



3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

H3 15 Loyalty Bonuses

H3 16 Other Special

1. Benefits shall be payable for home nursing services arising from the early discharge of a patient from a recognised hospital, private hospital or day facility. The benefit payable shall be a maximum of \$45 per visit up to a maximum of \$90 per day.



H4 SCHEDULE HOSPITAL TABLES

H4 1 Table Name or Group of Table Names

1. Private Excess 150/300 Hospital Table

H4 2 Eligibility

H4 3 General Conditions

H4 4 Hospital Payments

- 1) Where on or after the 1st July 1999 a contributor or dependant receives treatment as a private patient in a recognised Hospital in the State or Territory to which the table relates, being patients who are not Nursing Home Type patients, benefits shall be paid equal to the amount of the standard shared ward or private room hospital fees in relation to that State or Territory.
- 2) Where on or after the 1st September 1996 a contributor or dependant is treated in a Private Hospital or a recognised Day Hospital facility, benefits shall be at the rate of 100% of the benefits described in Rule H.3.4.2, subject to payment of the relevant excess applicable.
- 3) Members and their dependants eligible for benefits shall also be entitled to the Applicable Benefits Arrangements provided by the Hospital Purchaser Provider Agreements listed under Schedule M of the rules.

H4 5 Medical Services Payments while admitted

H4 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H4 7 Non PBS Pharmaceuticals



H4 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

H4 9 Nursing Home Type Patients

H4 10 Co Payments

H4 11 Excesses

1. The maximum out-of-pocket expenses incurred by a member shall be one hundred and fifty (150) dollars per single contributor or each individual person covered under a family membership each financial year. The maximum out-of-pocket expenses for a family membership shall be three hundred (300) dollars each financial year.

H4 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:



7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H4 13 Restricted Benefits

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H4 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:



4. Cardiothoracic:

5. Plastic and Cosmetic Surgery:

6. Hip Replacements:

7. Other:

H4 15 Loyalty Bonuses

H4 16 Other Special

1. The out-of-pocket expenses shall apply only in respect of Overnight Private treatment where the Private Hospital fees do not exceed the benefits described in Rule H.3.4.2, or where the facility is covered by a Hospital Purchaser Provider Agreement referred to in Rule H.3.4.3.



H5 SCHEDULE HOSPITAL TABLES

H5 1 Table Name or Group of Table Names

1. Private Excess 250/500 Hospital Table

H5 2 Eligibility

H5 3 General Conditions

1. Calculation of the excess amount will apply to claims in the order they are processed by the Fund
2. Where a member's hospitalisation bridges the end of a financial year and part of the next year, the excess amount for the new year will apply to the first subsequent admission of the new financial year.

H5 4 Hospital Payments

1. The benefits payable under the Private Excess 250/500 Hospital Table are the same as those payable under the Private Plus Table, except that a member contributing to this table will forgo in benefits an excess, being the first \$500.00 (family membership), \$250.00 (single membership) of claimable benefits which would have been paid in any one financial year.
2. Members and their dependants eligible for benefits shall also be entitled to the Applicable Benefits Arrangements provided by the Hospital Purchaser - Provider Agreements listed under Schedule M of the rules.

H5 5 Medical Services Payments while admitted

H5 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals



H5 7 Non PBS Pharmaceuticals

H5 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

H5 9 Nursing Home Type Patients

H5 10 Co Payments

H5 11 Excesses

1. The maximum out-of-pocket expenses incurred by a member under this table shall be \$250 per single contributor or each individual person covered under a family membership each financial year. The maximum out-of-pocket expenses for a family membership shall be \$500 each financial year.

H5 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:



6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H5 13 Restricted Benefits

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H5 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:



3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

H5 15 Loyalty Bonuses

H5 16 Other Special

1. The out-of-pocket expenses shall apply only in respect of Overnight Private treatment where the Private Hospital fees do not exceed the benefits described in Rule H.3.4.2, or where the facility is covered by a Hospital Purchaser Provider Agreement referred to in Rule H.3.4.3.

H6 SCHEDULE HOSPITAL TABLES

H6 1 Table Name or Group of Table Names

1. Private Excess 500/1000 Hospital Table

H6 2 Eligibility

H6 3 General Conditions



1. Calculation of the excess amount will apply to claims in the order they are processed by the Fund .
2. Where a member's hospitalisation bridges the end of a financial year and part of the next year, the excess amount for the new year will apply to the first subsequent admission of the new financial year.

H6 4 Hospital Payments

1. The benefits payable under the Private Excess 500/1000 Table are the same as those payable under the Private Plus Table, except that a member contributing to this table will forgo in benefits an excess, being the first \$1,000 (family membership), \$500.00 (single membership) of claimable benefits which would have been paid in any one financial year.
2. Members and their dependants eligible for benefits shall also be entitled to the Applicable Benefits Arrangements provided by the Hospital Purchaser - Provider Agreements listed under Schedule M of the rules.

H6 5 Medical Services Payments while admitted

H6 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H6 7 Non PBS Pharmaceuticals

H6 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

H6 9 Nursing Home Type Patients



H6 10 Co Payments

H6 11 Excesses

1. The maximum out-of-pocket expenses incurred by a member under this table shall be \$500 per single contributor or each individual person covered under a family membership each financial year. The maximum out-of-pocket expenses for a family membership shall be \$1,000 each financial year.

H6 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H6 13 Restricted Benefits

1. Assisted Reproductive Services:



2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H6 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

H6 15 Loyalty Bonuses



H6 16 Other Special

1. The out-of-pocket expenses shall apply only in respect of Overnight Private treatment where the Private Hospital fees do not exceed the benefits described in Rule H.3.4.2, or where the facility is covered by a Hospital Purchaser Provider Agreement referred to in Rule H.3.4.3.



H7 SCHEDULE HOSPITAL TABLES

H7 1 Table Name or Group of Table Names

1. Medical Gap Plus Table

H7 2 Eligibility

1. This benefit table shall be available to persons enrolled in the Public Hospital Table, the Private Plus Table, the Private Excess 150/300 Table, Private Excess 250/500 Table, the Private Excess 500/1000 Table, and the BHP Health Plan table.

H7 3 General Conditions

1. The benefits payable under the Medical Gap Plus Table shall be those that qualify under the Applicable Benefits Arrangements provided by the Medical Purchaser - Provider Agreements or under the Gap Cover Scheme approved by the Minister for Health.

H7 4 Hospital Payments

H7 5 Medical Services Payments while admitted

H7 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

H7 7 Non PBS Pharmaceuticals

H7 8 Surgically Implanted Prostheses



H7 9 Nursing Home Type Patients

H7 10 Co Payments

H7 11 Excesses

H7 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H7 13 Restricted Benefits

1. Assisted Reproductive Services:
2. Pregnancy Related Services:



3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

H7 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

H7 15 Loyalty Bonuses



H7 16 Other Special



I1 SCHEDULE ANCILLARY TABLES

I1 1 Table Name or Group of Table Names

1. Ancillary Plus Table

I1 2 Eligibility

I1 3 General Conditions

I1 4 Loyalty Bonuses

I1 5 Dental

4. Services performed by Licensed Advanced Dental Technicians and Dental Prosthetists registered under the Dental Technicians Act, 1972 in Victoria, 1975 in Tasmania and 1979 in N.S.W. will attract the same benefits as Registered Dental Practitioners.
5. Benefits will be limited to the cost or the benefit including service type limits where dental restrictions apply, as shown in the Lysaght Peoplecare Schedule of Dental Services applicable at the date of service, whichever is the lesser.
6. Dental Restrictions

Crowns/Bridgework

The maximum benefits payable per person per financial year shall be an amount of one thousand (1000) dollars.

The maximum benefit payable per person each financial year shall be increased to one thousand five hundred (1500) provided that the member has completed five (5) years of continuous cover with the fund in the Ancillary Plus Table.

Orthodontia

The maximum lifetime benefit payable per person for orthodontia treatment shall be an amount of two thousand one hundred (2,100) dollars. Benefits are payable at eighty (80) percent of the cost of each account subject to the limits defined above.



The maximum lifetime benefit payable per person shall be increased to two thousand six hundred (2600) provided that the member has completed five (5) years of continuous cover with the fund in the Ancillary Plus Table.

Prosthodontics (Dentures)

The maximum benefits payable per person per financial year shall be an amount of six hundred and fifty (650) dollars.

The maximum benefit payable per person each financial year shall be increased to eight hundred (800) dollars provided that the member has completed five (5) years of continuous cover with the fund in the Ancillary Plus Table.

Implants

The maximum benefits payable per person per financial year shall be an amount of one thousand (1000) dollars.

11 6 Optical

7. Spectacles / Spectacle Repairs

When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of spectacles and or spectacle repairs per person per financial year to a maximum benefit of two hundred (200) dollars.

OR

8. Contact Lenses

When prescribed by a Registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of contact lenses per person per financial year to a maximum benefit of two hundred and fifty (250) dollars.

- 3. The maximum benefit payable per person each financial year for Spectacles or Spectacles Repairs shall be increased to two hundred and fifty (250) dollars provided that the member has completed five (5) years of continuous cover with the fund in the Ancillary Plus Table.**
4. Where the member or dependent has held continuous cover with the fund in the Ancillary Plus Table for the immediate prior complete financial year and has not submitted a claim for optical benefits relative to that period the annual limit will increase by fifty (50) percent. Once a claim is submitted for Optical services, the annual limit will revert to the standard annual maximum as described under the Optical rule 1 above for the following financial year.

11 7 Physiotherapy



- 1) Physiotherapy - A benefit of forty (40) dollars for the Initial Consultation and thirty (30) dollars for each subsequent consultation up to ten (10) and twenty (20) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Physiotherapist applies.
- 2) Orthoptics - A benefit of forty (40) dollars for the Initial Consultation and thirty (30) dollars for each subsequent consultation up to ten (10) and twenty (20) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Orthoptist applies.
- 3) A maximum of two (2) Physiotherapy Initial Consultation benefits are payable per person per financial year.
- 4) The maximum benefits each financial year for Physiotherapy services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.
- 5) The maximum benefits each financial year for Orthoptic services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.
- 6) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic and Occupational Therapy sections.
- 7) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic, Occupational Therapy and Hydrotherapy sections.

11 8 Chiropractic

- 1) Chiropractic/Osteopathic - A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Chiropractor/Osteopath applies.
- 2) A benefit of 80% of the cost of Chiropractic X-Rays applies with a maximum benefit paid of one hundred and fifteen (115) dollars per person and two hundred and thirty (230) dollars per family per financial year.
- 3) A maximum of one (1) Chiropractic Initial Consultation benefit is payable per person per financial year.
- 4) The maximum benefits paid each financial year for Chiropractic / Osteopathy services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.



- 5) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 6) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 9 Non PBS Pharmaceuticals

- 1) Members and their dependants shall be entitled to receive a benefit for prescriptions other than Pharmaceutical Benefits Scheme (PBS) items, contraceptives, or items normally available without a doctor's prescription.
- 2) Benefits shall be payable at 100% of the charge after deducting the standard Pharmaceutical Benefits Scheme (PBS) amount from the cost of the prescription with a maximum benefit of sixty-five (65) dollars per prescription.
- 3) Benefits in respect of impotence and HRT compounded drugs shall be payable at fifty (50) percent of the cost to a maximum of three hundred (300) dollars per person per financial year.
- 4) The maximum benefits paid each financial year for Non PBS Pharmaceutical items shall be five hundred (500) dollars per person and one thousand (1000) dollars per family per financial year.

11 10 Podiatry

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Podiatrist applies.
- 2) A maximum of one (1) Podiatry Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Podiatry services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.



- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 11 Psychology and Counselling

- 1) A benefit of eighty (80) percent of the cost for consultations up to a maximum of one hundred and twenty (120) dollars for the initial assessment and fifty (50) dollars for each subsequent attendance with a Hypnotherapist registered with the fund or a Psychologist who is operating in private practice and is registered with the appropriate authority in the respective State or Territory.
- 2) A maximum of one (1) Psychology and Counselling Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits shall be five hundred (500) dollars per person and six hundred and fifty (650) dollars per family per financial year.

11 12 Alternative Therapies

11 13 Natural Therapies

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) applies for recognised services with a Natural Therapist that is registered with the fund
- 2) A maximum of one (1) Natural Therapy Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Natural Therapy services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family financial year shall apply for any combination of services covered under the Chiropractic,



Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 14 Speech Therapy

- 1) A benefit of up to eighty (80) percent of the cost of each treatment will be paid.
- 2) The maximum benefits payable per person per financial year for Speech Therapy services shall be eight hundred (800) dollars.

11 15 Orthotics

- 1) A benefit of eighty (80) percent of the cost for Orthotic services / supplies provided by a registered Podiatrist applies.
- 2) The benefit payable for Orthotics shall be restricted so that a benefit is payable once each financial year for dependents and once each two financial years only for adult members.
- 3) The maximum benefits each financial year for Orthotic services / supplies shall be two hundred (200) dollars per person and four hundred (400) dollars per family, subject to clause 4 below.
- 4) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 16 Dietetics

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Dietician applies.
- 2) A maximum of one (1) Dietetic Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Dietetic services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year



shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.

- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 17 Occupational Therapy

- 1) A benefit of sixty (60) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation with a registered Occupational Therapist applies.
- 2) A maximum of one (1) Occupational Therapy Initial Consultation benefit is payable per person per financial year
- 3) The maximum benefits each financial year for Occupational Therapy services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.
- 4) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic and Occupational Therapy sections.
- 5) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic, Occupational Therapy and Hydrotherapy sections.

11 18 Naturopathy

11 19 Acupuncture

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Acupuncturist applies.



- 2) A maximum of one (1) Acupuncture Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Acupuncture services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

11 20 Other Therapies

- 1) Hydrotherapy – A benefit of eighty (80) percent of the cost up to a maximum of ten (10) dollars per visit shall be payable for Hydrotherapy services provided under the care and direction of a registered Physiotherapist.
- 2) The maximum benefits each financial year for Hydrotherapy services shall be two hundred (200) dollars per person and four hundred (400) dollars per family.
- 3) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthotic, Occupational Therapy and Hydrotherapy sections.
- 4) Ante-Post Natal Physiotherapy/Classes - A benefit of eighty (80) percent shall be payable for Ante-Post Natal Physiotherapy classes with a registered Physiotherapist, an approved Midwife or other approved program up to a maximum of one hundred and fifty (150) dollars each twelve months.

11 21 Non Surgically Implanted Prostheses and Appliances

1. Benefits shall be paid for surgical equipment and health aids as specified below:
2. The benefits payable shall be based on continuous and completed years of membership of the Ancillary Plus table as shown below:

Year 1	Max \$400 each financial year payable at fifty (50) percent of the cost of service
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Year 2	Max \$625 each financial year payable at fifty (50) percent of the cost of service
Year 3	Max \$750 each financial year payable at sixty (60) percent of the cost of service
Year 4	Max \$875 each financial year payable at seventy (70) percent of the cost of service
Year 5+	Max \$1000 each financial year payable at eighty (80) percent of the cost of service

3. For specific items as noted below the maximum benefits shall be:

Glucometers	Max \$130 and 1 item each 3 financial years
Peakflow meters	Max \$ 50 and 1 item each 3 financial years
TENS machines	Max \$200 and 1 item each 3 financial years
BP monitors	Max \$150 and 1 item each 3 financial years
Nebulisers	Max \$160 and 1 item each 3 financial years
CPAP machines	Max \$800 and 1 item each 3 financial years
Insulin Pump Consumables	Max \$200 and 1 item each 1 financial year
Leg Calipers	Max \$200 and 1 item each 1 financial year
Orthopaedic Shoes	Max \$200 and 1 item each financial year
Synvisc	Max \$355 and 2 courses each financial year
Wigs	Max \$200 and 1 item each financial year
Other Equipment	Max \$200 each claim
Therapy Appliances	Max \$150 each claim

4. Claims for benefits for surgical appliances other than those detailed in this rule would be at the discretion of the Directors.
5. Details of appliances and supporting documents should be submitted with the claim.
6. Persons transferring from the BHP Health Plan to Ancillary Plus shall be deemed to have reached the benefits applicable to Year 5+.

11 22 Hearing Aids

- 1) A benefit of eighty (80) percent of the cost up to one thousand five hundred (1500) dollars shall be payable per person towards the cost of a hearing aid.
- 2) The benefits will be restricted to one thousand five hundred (1500) dollars each five (5) years per member and each of his/her dependants.

11 23 Prevention Health Management



11 24 Ambulance Transportation

1. Full cost of fee charged by Ambulance Services provided within the Commonwealth of Australia.
2. Full cost of taxi service as arranged by the Fund with the consent of the member for transport to and from hospitals or surgeries for recurring treatment where an ambulance would normally be used.

11 25 Accident Cover

11 26 Accidental Death Funeral Expenses

1. A benefit of up to one thousand two hundred (1200) dollars shall be payable on presentation of a death certificate applicable to the member or one of his/her eligible dependants.

11 27 Other Special

- 1) Home Nursing - A benefit of up to eighty (80) percent of the cost up to a maximum of forty five (45) dollars for each visit up to a maximum of ninety (90) dollars in any one day for home nursing visits by a registered nurse approved by the Fund. The maximum benefits shall be one thousand (1000) dollars per person per financial year.
- 2) Midwifery - A benefit of up to eighty (80) percent of the cost up to a maximum of one thousand one hundred (1100) dollars per financial year. Where a Midwifery benefit is payable the benefit will be deemed to be part of the overall benefit limit applicable to Home Nursing services.
- 3) Laser Eye Surgery - A benefit of up to eighty (80) percent of the cost will be paid per person with a limit of five hundred (500) dollars per eye per person each two (2) financial years.
- 4) Travel Expenses - A benefit of twenty (20) cents per kilometre shall be paid where the member or any eligible dependant is hospitalised more than two hundred (200) kilometres from the member's home address (four hundred [400] kilometre round trip). The benefit shall be payable once only per admission to hospital and the maximum benefits payable will be one hundred (100) dollars per single member and two hundred (200) dollars per family member per financial year.



- 5) Non Smoking Items – A benefit of 100% of the charge after deducting the standard sum of thirty (30) dollars per claim issued in respect of non-smoking supplies shall be payable up to a maximum of eighty (80) dollars per person per financial year.
- 6) Allergy Treatments - A benefit of up to eighty (80) percent of the cost of Allergy treatments/supplies shall be payable. A maximum benefit of one hundred (100) dollars shall apply per person per financial year.

I2 SCHEDULE ANCILLARY TABLES

I2 1 Table Name or Group of Table Names

1. Basic Ancillary Table

I2 2 Eligibility

I2 3 General Conditions

9. A maximum overall benefit limit of three hundred and fifty (350) dollars per person per financial year shall apply for any combination of services covered under the Chiropractic / Osteopathy, Acupuncture, Natural Therapies and Podiatry sections.
2. A maximum overall benefit limit of seven hundred (700) dollars per family each financial year shall apply for any combination of services covered under the Chiropractic / Osteopathy, Acupuncture, Natural Therapies and Podiatry sections.

I2 4 Loyalty Bonuses

I2 5 Dental



1. General Dental - Benefits shall be paid at 75% of the charge.
2. A maximum overall benefit limit of five hundred and fifty (550) dollars per person per financial year shall apply.

12 6 Optical

10. Spectacles / Spectacle Repairs

When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of spectacles and or spectacle repairs to a maximum amount of one hundred and eighty (180) dollars per person per financial year.

OR

11. Contact Lenses

When prescribed by a Registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of contact lenses to a maximum amount of one hundred and eighty (180) dollars per person per financial year.

12. The maximum overall optical benefit payment shall be one hundred and eighty (180) dollars per person per financial year.
13. The prescription, account and receipt of payment is to submitted to the Fund and benefits shall only be payable where a sight correction or adjustment to the lens is shown on the prescription form.

12 7 Physiotherapy

14. A benefit of 75% of the charge for consultations with a registered Physiotherapist will be paid for the member and each of his/her dependants.
15. A maximum overall benefit limit of three hundred and fifty (350) dollars per person per financial year shall apply.
3. A maximum overall benefit limit of seven hundred (700) dollars per family per financial year shall apply.



12 8 Chiropractic

16. A benefit of 75% of the charge for consultations with a registered Chiropractor (including Chiropractic x-rays) or Osteopath recognised by the fund will be paid for the member and each of his/her dependants.
17. A maximum overall benefit limit of three hundred and fifty (\$350) dollars per person per financial year shall apply.
3. A maximum overall benefit limit of seven hundred (\$700) dollars per family each financial year shall apply.

12 9 Non PBS Pharmaceuticals

1. Members and their dependants shall be entitled to receive a benefit for prescriptions other than Pharmaceutical Benefit Scheme items, contraceptives, or items normally available without a doctor's prescription.
2. Benefits shall be payable at 75% of the charge after deducting the standard Pharmaceutical Benefits Scheme (PBS) amount from the cost of the prescription with a maximum benefit of fifty (50) dollars per prescription.
3. A maximum overall benefit limit of five hundred (500) dollars per person and one thousand (1000) dollars per family membership shall apply each financial year.

12 10 Podiatry

1. A benefit of 75% of the charge for consultations with a registered Podiatrist recognised by the fund will be paid for the member and each of his/her dependants.
2. A maximum overall benefit limit of three hundred and fifty (350) dollars per person per financial year shall apply.
3. A maximum overall benefit limit of seven hundred (700) dollars per family each financial year shall apply.

12 11 Psychology and Counselling



I2 12 Alternative Therapies

I2 13 Natural Therapies

1. A benefit of 75% of the charge for consultations with a registered Natural Therapist recognised by the fund will be paid for the member and each of his/her dependants.
2. A maximum overall benefit limit of three hundred and fifty (350) dollars per person per financial year shall apply.
3. A maximum overall benefit limit of seven hundred (700) dollars per family each financial year shall apply.

I2 14 Speech Therapy

I2 15 Orthotics

I2 16 Dietetics

I2 17 Occupational Therapy

I2 18 Naturopathy

I2 19 Acupuncture

1. A benefit of 75% of the charge for consultations with a registered Acupuncturist recognised by the fund will be paid for the member and each of his/her dependants.
2. A maximum overall benefit limit of three hundred and fifty (350) dollars per person per financial year shall apply.



3. A maximum overall benefit limit of seven hundred (700) dollars per family each financial year shall apply.

I2 20 Other Therapies

I2 21 Non Surgically Implanted Prostheses and Appliances

I2 22 Hearing Aids

I2 23 Prevention Health Management

I2 24 Ambulance Transportation

1. Full cost of fee charged by Ambulance Services provided within the Commonwealth of Australia for accident or emergency services.

I2 25 Accident Cover

I2 26 Accidental Death Funeral Expenses

I2 27 Other Special



I3 SCHEDULE ANCILLARY TABLES

I3 1 Table Name or Group of Table Names

1. Lifestyle Table

I3 2 Eligibility

I3 3 General Conditions

1. All claims for the above services must be supported by an itemised receipt.

I3 4 Loyalty Bonuses

I3 5 Dental

I3 6 Optical

I3 7 Physiotherapy

I3 8 Chiropractic

I3 9 Non PBS Pharmaceuticals

I3 10 Podiatry

I3 11 Psychology and Counselling



I3 12 Alternative Therapies

I3 13 Natural Therapies

I3 14 Speech Therapy

I3 15 Orthotics

I3 16 Dietetics

I3 17 Occupational Therapy

I3 18 Naturopathy

I3 19 Acupuncture

I3 20 Other Therapies

I3 21 Non Surgically Implanted Prostheses and Appliances

I3 22 Hearing Aids



13 23 Prevention Health Management

18. For services provided on or after the 1st July 1994, a benefit of eighty (80) per cent of the cost of services provided to members and their eligible dependants will be paid for the following items:

- **Approved Fitness and Exercise Classes.**
- **Membership Fees for Fitness/Sporting Activities.**
- **Equipment used for health improvement/maintenance.**
- **Lifestyle Improvement Programs;**
- **Stress Management**
- **Quit Smoking**
- **Weight Control**
- **Health Screening Services**
 - **Blood Pressure Testing**
 - **Cholesterol Testing.**

19. The maximum benefits payable per financial year will be two hundred (200) dollars per family and one hundred (100) dollars per single member.

20. Goods or services rendered after 31 December 2003 that are primarily for the purpose of sport, recreation or entertainment shall not be eligible for benefits.

4. Benefits shall be payable for services rendered after 31 December 2003 only where the goods or services are part of a health management program approved by the fund or are rendered on the advice of a health professional approved by the fund and such treatment is intended to prevent or ameliorate a specific health condition or conditions.

13 24 Ambulance Transportation

13 25 Accident Cover



13 26 Accidental Death Funeral Expenses

13 27 Other Special



I4 SCHEDULE ANCILLARY TABLES

I4 1 Table Name or Group of Table Names

1. Ambulance Table

I4 2 Eligibility

I4 3 General Conditions

I4 4 Loyalty Bonuses

I4 5 Dental

I4 6 Optical

I4 7 Physiotherapy

I4 8 Chiropractic

I4 9 Non PBS Pharmaceuticals

I4 10 Podiatry

I4 11 Psychology and Counselling



I4 12 Alternative Therapies

I4 13 Natural Therapies

I4 14 Speech Therapy

I4 15 Orthotics

I4 16 Dietetics

I4 17 Occupational Therapy

I4 18 Naturopathy

I4 19 Acupuncture

I4 20 Other Therapies

I4 21 Non Surgically Implanted Prostheses and Appliances

I4 22 Hearing Aids



14 23 Prevention Health Management

14 24 Ambulance Transportation

1. Full cost of fee charged by Ambulance Services provided within the Commonwealth of Australia for accident or emergency services.

14 25 Accident Cover

14 26 Accidental Death Funeral Expenses

14 27 Other Special



15 SCHEDULE ANCILLARY TABLES

15 1 Table Name or Group of Table Names

1. OSHC Student Plus

15 3 General Conditions

- 1) Contribution payments must be paid by a Direct Debit from a nominated Bank, Building Society or Credit Union account.
- 2) Benefit payments on claims will be paid by a Direct Credit to a nominated Bank, Building Society or Credit Union account where the account / invoice has been paid by the member.
- 3) The minimum policy period is six (6) months.

15 5 Dental

- 1) Benefits shall be paid for all eligible General Dental services, defined as Basic Restorative, Diagnostic, Extractions and Oral Surgery.
- 2) Benefits will be limited to the cost or the benefit including service type limits where dental restrictions apply, as shown in the Lysaght Peoplecare Schedule of Dental Services applicable at the date of service, whichever is the lesser.
- 3) A maximum overall benefit limit of five hundred (500) dollars per membership per financial year shall apply.
- 4) Benefits shall not be payable for services defined as Bleaching, Periodontics, Endodontics, Indirect Metallic and Tooth Coloured Restorations, Veneers, Crowns and Bridgework, Dentures, Implants and Orthodontic services.

15 6 Optical

- 1) When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit of seventy five (75) percent of the cost will be paid towards the cost of spectacles per membership per financial year to a maximum benefit of one hundred and fifty (150) dollars.
- 2) When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit of seventy five (75) percent of the cost will be paid towards the cost of contact lenses per membership per financial year to a maximum benefit of one hundred and fifty (150) dollars.
- 3) The benefits payable for spectacles will be limited to one (1) single complete appliance (i.e. frame and lens) per membership per financial year.



- 4) The overall combined annual benefit limit for all optical services per membership per financial year shall be one hundred and fifty (150) dollars.

15 7 Physiotherapy

- 1) A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Physiotherapist applies.
- 2) A maximum of two (2) Physiotherapist Initial Consultation benefits are payable per membership per financial year.
- 3) A maximum overall benefit limit of three hundred and fifty (350) dollars per membership per financial year shall apply for any combination of services covered under the Physiotherapy, Chiropractic, and Osteopathy sections.

15 8 Chiropractic

- 1) A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Chiropractor / Osteopath applies.
- 2) A maximum of one (1) Chiropractic / Osteopathy Initial Consultation benefit is payable per membership per financial year.
- 3) A maximum overall benefit limit of three hundred and fifty (350) dollars per membership per financial year shall apply for any combination of services covered under the Chiropractic, Osteopathy, and Physiotherapy sections.

J1 SCHEDULE COMBINED HOSPITAL ANCILLARY TABLES

J1 1 Table Name or Group of Table Names

1. BHP Health Plan

J1 2 Eligibility

J1 3 General Conditions



1. This Plan shall include Hospital, Medical and Ancillary benefits detailed under the Fund rules J1.4 - J1.16 (Hospital Section) and J1.17 - J1.39 (Ancillary Section).
2. This Plan will be closed to new entrants with effect from 1 October 2004.

J1 4 Hospital Payments

21. The benefits payable from section J1.4 - J1.16 of the Plan shall apply to all Public Hospitals, Private Hospitals and Registered Day Hospital Facilities
22. The fund benefits payable under the Basic Private Table shall be as defined in Section 4 of the National Health Act (as amended).
23. The fund benefits payable shall be in accordance with the funds Hospital Purchaser Provider Agreements and shall include the following services:

Hospital Accommodation Fees

Hospital Theatre Fees

Intensive Care

Neo-Natal Intensive Care

Private Hospital Outpatient Fees

Labour Ward Fees

In-Hospital Physiotherapy

In-Hospital Pharmacy

Coronary Care Fees

Recovery Rooms

Drugs and Dressings

Ambulance - The full cost of fees charged by Ambulance Services provided within the Commonwealth of Australia, (except NSW and the ACT). The cost of Ambulance Subscriptions are not claimable.

Approved Psychiatric and Rehabilitation programs

24. Where claims are received for eligible services as determined in rules J1.1.1 to J1.4.4 from Hospitals that are not subject to a Hospital Purchaser-Provider



Agreement shall be the standard default benefits that would apply from time to time as determined by the Minister for Health, subject to the co-payment specified in rule J1.11.

J1 5 Medical Services Payments while admitted

- 1) Where an admission as a private patient occurs in a recognised (public) hospital, a private hospital or a day surgery facility the person eligible for benefits shall be entitled to those benefits payable for medical services under the Medical Gap Plus product, including those that qualify under the Applicable Benefits Arrangements provided by the Medical Purchaser Provider Agreements or under the Gap Cover Scheme approved by the Minister for Health from time to time.

J1 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

J1 7 Non PBS Pharmaceuticals

1. The benefits provided under this section are identical to that provided under Rule E2.
2. The following hospital tables offer an applicable benefits arrangement providing 100% cover of the costs to the contributor for treatment at a hospital or day hospital facility: Private Hospital

J1 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed 'benefit amount / minimum benefit' for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

J1 9 Nursing Home Type Patients



J1 10 Co Payments

J1 11 Excesses

1. Members covered by this Plan will be required to contribute a co-payment on all services included in rules J1.4.1 to J1.4.4, being 25% of benefits up to \$550.00 (family membership) and \$275 (single membership) which would have been paid in any one financial year.

J1 12 Benefit Limitation Periods

1. Assisted Reproductive Services:
2. Pregnancy Related Services
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

J1 13 Restricted Benefits

1. Assisted Reproductive Services:



2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Psychiatric:
6. Rehabilitation:
7. Plastic and Cosmetic Surgery:
8. Hip Replacements:
9. Other:

J1 14 Exclusions

1. Assisted Reproductive Services:
2. Pregnancy Related Services:
3. Sterilisation and Reversal of Sterilisation:
4. Cardiothoracic:
5. Plastic and Cosmetic Surgery:
6. Hip Replacements:
7. Other:

J1 15 Loyalty Bonuses



J1 16 Other Special Hospital

J1 17 Dental

1. Services performed by Licensed Advanced Dental Technicians and Dental Prosthetists registered under the Dental Technicians Act, 1972 in Victoria, 1975 in Tasmania and 1979 in N.S.W. will attract the same benefits as Registered Dental Practitioners.
2. Benefits will be limited to the cost or the benefit, including service type limits where dental restrictions apply, as shown in the Lysaght Peoplecare Schedule of Dental Services applicable as at the date of service, whichever is the lesser.

3. Dental Restrictions:

Crowns/Bridgework

The maximum benefits payable per person per financial year shall be an amount of one thousand (1000) dollars.

Orthodontia

The maximum lifetime benefit payable per person for orthodontia treatment shall be an amount of two thousand six hundred (2,600) dollars. Benefits are payable at eighty (80) percent of the cost of each account subject to the limits defined above.

Prostodontics (Dentures)

The maximum benefits payable per person per financial year shall be an amount of six hundred and fifty (650) dollars.

Implants

The maximum benefits payable per person per financial year shall be an amount of one thousand (1000) dollars.

J1 18 Optical

1. Spectacles / Spectacle Repairs



When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of spectacles and or repairs, up to a maximum benefit of two hundred and fifty (250) dollars per person per financial year.

OR

2. Contact Lenses

When prescribed by a Registered Optometrist or a Registered Ophthalmic Surgeon a benefit will be paid equivalent to the cost of contact lenses, up to a maximum benefit of two hundred and fifty (250) dollars per person per financial year.

3. Where the member or dependent has held continuous cover with the fund in the BHP Health Plan Table for the immediate prior complete financial year and has not submitted a claim for optical benefits relative to that period the annual limit will increase by fifty (50) percent. Once a claim is submitted for these services, the annual limit will revert to the standard annual maximum as described under the Optical rules 1 and 2 above for the following financial year.

J1 19 Physiotherapy

- 1) Physiotherapy - A benefit of forty (40) dollars for the Initial Consultation and thirty (30) dollars for each subsequent consultation up to ten (10) and twenty (20) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Physiotherapist applies.
- 2) Orthoptics - A benefit of forty (40) dollars for the Initial Consultation and thirty (30) dollars for each subsequent consultation up to ten (10) and twenty (20) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Orthoptist applies.
- 3) A maximum of two (2) Physiotherapy Initial Consultation benefits are payable per person per financial year
- 4) The maximum benefits each financial year for Physiotherapy services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.
- 5) The maximum benefits each financial year for Orthoptic services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.



- 6) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic and Occupational Therapy sections.
- 7) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic, Occupational Therapy and Hydrotherapy sections.

J1 20 Chiropractic

- 1) Chiropractic/Osteopathic - A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Chiropractor/Osteopath applies.
- 2) A benefit of 80% of the cost of Chiropractic X-Rays applies with a maximum benefit paid of one hundred and fifteen (115) dollars per person and two hundred and thirty (230) dollars per family per financial year.
- 3) A maximum of one (1) Chiropractic Initial Consultation benefit is payable per person per financial year.
- 4) The maximum benefits paid each financial year for Chiropractic / Osteopathy services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 5) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 6) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

J1 21 Non PBS Pharmaceuticals

- 1) Members and their dependants shall be entitled to receive a benefit for prescriptions other than Pharmaceutical Benefits Scheme (PBS) items, contraceptives, or items normally available without a doctor's prescription.



- 2) Benefits shall be payable at 100% of the charge after deducting the standard sum of thirty (30) dollars per prescription item from the cost of service with a maximum benefit of sixty-five (65) dollars per prescription.
- 3) Benefits in respect of impotence and HRT compounded drugs shall be payable at fifty (50) percent of the cost to a maximum of three hundred (300) dollars per person per financial year.
- 4) The maximum benefits paid each financial year for Non PBS Pharmaceutical items shall be five hundred (500) dollars per person and one thousand (1000) dollars per family per financial year.

J1 22 Podiatry

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Podiatrist applies.
- 2) A maximum of one (1) Podiatry Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Podiatry services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

J1 23 Psychology and Counselling

- 1) A benefit of eighty (80) percent of the cost for consultations up to a maximum of one hundred and twenty (120) dollars for the initial assessment and fifty (50) dollars for each subsequent attendance with a Hypnotherapist registered with the fund or a Psychologist who is operating in private practice and is registered with the appropriate authority in the respective State or Territory.
- 2) A maximum of one (1) Psychology and Counselling Initial Consultation benefit is payable per person per financial year.



- 3) The maximum benefits shall be five hundred (500) dollars per person and six hundred and fifty (650) dollars per family per financial year.

J1 24 Alternative Therapies

J1 25 Natural Therapies

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) applies for recognised services with a Natural Therapist that is registered with the fund
- 2) A maximum of one (1) Natural Therapy Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Natural Therapy services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

J1 26 Speech Therapy

- 1) A benefit of up to eighty (80) percent of the cost of each treatment will be paid.
- 2) The maximum benefits payable per person per financial year for Speech Therapy services shall be eight hundred (800) dollars.

J1 27 Orthotics

- 1) A benefit of eighty (80) percent of the cost for Orthotic services / supplies provided by a registered Podiatrist applies.



- 2) The benefit payable for Orthotics shall be restricted so that a benefit is payable once each financial year for dependents and once each two financial years only for adult members.
- 3) The maximum benefits each financial year for Orthotic services / supplies shall be two hundred (200) dollars per person and four hundred (400) dollars per family, subject to clause 4 below.
- 4) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

J1 28 Dietetics

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Dietician applies.
- 2) A maximum of one (1) Dietetic Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Dietetic services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.

J1 29 Occupational Therapy

- 1) A benefit of sixty (60) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation with a registered Occupational Therapist applies.
- 2) A maximum of one (1) Occupational Therapy Initial Consultation benefit is payable per person per financial year



- 3) The maximum benefits each financial year for Occupational Therapy services shall be five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family.
- 4) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic and Occupational Therapy sections.
- 5) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic, Occupational Therapy and Hydrotherapy sections.

J1 30 Naturopathy

J1 31 Acupuncture

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and twenty-five (25) dollars for each subsequent consultation up to ten (10) and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Acupuncturist applies.
- 2) A maximum of one (1) Acupuncture Initial Consultation benefit is payable per person per financial year.
- 3) The maximum benefits paid each financial year for Acupuncture services shall be four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family.
- 4) A maximum overall benefit limit of four hundred and thirty five (435) dollars per person and eight hundred and seventy (870) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies and Dietetic sections.
- 5) A maximum overall benefit limit of seven hundred and fifty (750) dollars per person and one thousand five hundred (1500) dollars per family per financial year shall apply for any combination of services covered under the Chiropractic, Acupuncture, Osteopathy, Podiatry, Natural Therapies, Dietetic, Chiropractic X Rays and Orthotic sections.



J1 32 Other Therapies

- 1) Hydrotherapy – A benefit of eighty (80) percent of the cost up to a maximum of ten (10) dollars per visit shall be payable for Hydrotherapy services provided under the care and direction of a registered Physiotherapist.
- 2) The maximum benefits each financial year for Hydrotherapy services shall be two hundred (200) dollars per person and four hundred (400) dollars per family.
- 3) A maximum overall benefit limit of five hundred and fifty (550) dollars per person and one thousand one hundred (1100) dollars per family per financial year shall apply for any combination of services covered under the Physiotherapy, Orthoptic, Occupational Therapy and Hydrotherapy sections.
- 4) Ante-Post Natal Physiotherapy/Classes - A benefit of eighty (80) percent shall be payable for Ante-Post Natal Physiotherapy classes with a registered Physiotherapist, an approved Midwife or other approved program up to a maximum of one hundred and fifty (150) dollars each twelve months.

J1 33 Non Surgically Implanted Prostheses and Appliances

1. Benefits shall be paid for surgical equipment and health aids as specified below:
2. The benefits payable shall be eighty (80) percent of cost per item subject to the maximum benefits described in clause 3 below.
3. For specific items as noted below the maximum benefits shall be:

Glucometers	Max \$130 and 1 item each 3 financial years
Peakflow meters	Max. \$ 50 and 1 item each 3 financial years
TENS machines	Max. \$200 and 1 item each 3 financial years
BP monitors	Max.\$150 and 1 item each 3 financial years
Nebulisers	Max \$160 and 1 item each 3 financial years
CPAP machines	Max \$800 and 1 item each 3 financial years
Insulin Pump Consumables	Max \$200 and 1 item each 1 financial year
Leg Calipers	Max \$200 and 1 item each 1 financial year
Orthopaedic Shoes	Max \$200 and 1 item each financial year
Synvisc	Max \$355 and 2 courses each financial
year	
Wigs	Max \$200 and 1 item each financial year
Other Equipment	Max \$200 each claim
Therapy Appliances	Max \$150 each claim

4. The overall maximum benefits payable per person per financial year shall be one thousand (1000) dollars.
5. Claims for benefits for surgical appliances other than those detailed in this rule would be at the discretion of the Directors.



6. Details of appliances and supporting documents should be submitted with the claim.

J1 34 Hearing Aids

- 1) A benefit of eighty (80) percent of the cost up to one thousand five hundred (1500) dollars shall be payable per person towards the cost of a hearing aid.
- 2) The benefits will be restricted to one thousand five hundred (1500) dollars each five (5) years per member and each of his/her dependants.

J1 35 Prevention Health Management

J1 36 Ambulance Transportation

J1 37 Accident Cover

J1 38 Accidental Death Funeral Expenses

- 1) A benefit of up to one thousand two hundred (1200) dollars shall be payable on presentation of a death certificate applicable to the member or one of his/her eligible dependants.

J1 39 Other Special Ancillary

- 1) Home Nursing - A benefit of up to eighty (80) percent of the cost up to a maximum of forty five (45) dollars for each visit up to a maximum of ninety (90) dollars in any one day for home nursing visits by a registered nurse approved by the Fund. The maximum benefits shall be one thousand (1000) dollars per person per financial year.
- 2) Midwifery - A benefit of up to eighty (80) percent of the cost up to a maximum of one thousand one hundred (1100) dollars per financial year. Where Midwifery benefit is payable the benefit will be deemed to be part of the overall benefit limit applicable to Home Nursing services.
- 3) Non Smoking Items – A benefit of 100% of the charge after deducting the standard sum of thirty (30) dollars per claim issued in respect of non-smoking



supplies shall be payable up to a maximum of eighty (80) dollars per person per financial year.

- 4) Allergy Treatments - A benefit of up to eighty (80) percent of the cost of Allergy treatments/supplies shall be payable. A maximum benefit of one hundred (100) dollars shall apply per person per financial year.

J2 SCHEDULE COMBINED HOSPITAL ANCILLARY TABLES

J2 1 Table Name or Group of Table Names

- 1) Triple S

J2 2 Eligibility

- 1) Not applicable

J2 3 General Conditions

- 1) The excess payable on any hospital admission will apply each financial year, subject to clause J2.3.
- 2) Where an admission to hospital spans the end of a financial year and the start of the following financial year, the excess amount payable for the next financial year will not apply until a new admission to hospital occurs.
- 3) The calculation of the excess amount will apply to claims in the order they are processed by the fund.
- 4) Contribution payments must be paid by a Direct Debit from a nominated Bank, Building Society or Credit Union account.
- 5) Benefit payments on claims will be paid by a Direct Credit to a nominated Bank, Building Society or Credit Union account where the account / invoice has been paid by the member.

J2 4 Hospital Payments

- 1) Where an admission occurs as a private patient in a recognised (Public) hospital, other than as a Nursing Home Type Patient, the person eligible for benefits will be paid a benefit equal to the standard shared ward or private room hospital fees relative to the relevant State or Territory as is determined from time to time.



- 2) Where an admission occurs as a private patient in a private hospital or day hospital facility, other than as a Nursing Home Type Patient, the person eligible for benefits will be paid a benefit equal to the standard benefit payable for all services in accordance with the Hospital Purchased Provider Agreement (HPPA), if applicable except for those services that are defined as “restricted services” under Clause J2.13.
- 3) Where an admission occurs as a private patient in a private hospital or day hospital facility, other than as a Nursing Home Type Patient, that is not subject to a Hospital Purchaser Provider Agreement (HPPA), the person eligible for benefits will be paid a benefit equal to the relevant default rate of benefit as determined by the Minister for Health from time to time.
- 4) Where an admission occurs as a private patient in a private hospital or day hospital facility, other than as a Nursing Home Type Patient, and is in receipt of a service that is defined as a “restricted service” under Clause J2.13, the person eligible for benefits will be paid a benefit equal to the relevant default rate of benefits as determined by the Minister for Health from time to time.

J2 5 Medical Services Payments while admitted

- 1) Where an admission as a private patient occurs in a recognised (public) hospital, a private hospital or a day surgery facility the person eligible for benefits shall be entitled to those benefits payable for medical services under the Medical Gap Plus product, including those that qualify under the Applicable Benefits Arrangements provided by the Medical Purchaser Provider Agreements or under the Gap Cover Scheme approved by the Minister for Health from time to time.

J2 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

- 1) Not applicable

J2 7 Non PBS Pharmaceuticals

- 1) Not applicable

J2 8 Surgically Implanted Prostheses

1. With effect from 31 October 2005 the fund benefits payable for Surgically Implanted Prostheses and Human Tissue shall be the default benefit listed ‘benefit amount / minimum benefit’ for no gap prostheses and gap permitted prostheses in Schedule 5 - Surgically Implanted Prostheses and Human Tissue, pursuant to subsections 73AAG (6) and (7) of the National Health Act 1953 (as amended).

J2 9 Nursing Home Type Patients

- 1) Not applicable



J2 10 Co Payments

- 1) Not applicable

J2 11 Excesses

- 1) The eligible benefits payable will be subject to a reduction in the benefits that would normally be paid equal to the first five hundred (500) dollars of claimable benefits in relation to an overnight admission to a Private Hospital and two hundred and fifty (250) dollars in relation to an overnight admission to a Public Hospital and any Day Only admissions.
- 2) The maximum excess payable per person each financial year is five hundred (500) dollars.

J2 12 Benefit Limitation Periods

25. Assisted Reproductive Services:

Not applicable

26. Pregnancy Related Services

Not applicable

27. Sterilisation and Reversal of Sterilisation:

Not applicable

28. Cardiothoracic:

Not applicable

29. Psychiatric:

Not applicable

30. Rehabilitation:

Not applicable

31. Plastic and Cosmetic Surgery:



Not applicable

32. Hip Replacements:

Not applicable

33. Other:

Not applicable

J2 13 Restricted Benefits

34. Assisted Reproductive Services:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Assisted Reproductive Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Assisted Reproductive Services are defined as Medicare Benefit Schedule items:

13200	Assisted reproductive services (such as in vitro...
13203	Ovulation monitoring services, for superovulated...
13206	Assisted reproductive services (such as in vitro...
13209	Planning and management of a referred patient by...
13212	Oocyte retrieval by any means including...
13215	Transfer of embryos or both ova and sperm to the...
13218	Preparation and transfer of frozen or donated...

35. Pregnancy Related Services:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Pregnancy Related Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.



The Pregnancy Related Services are defined as Medicare Benefit Schedule items:

16500	Antenatal attendance
16501	External cephalic version for breech...
16502	Polyhydramnios, unstable lie, multiple...
16504	Treatment of habitual miscarriage by injection...
16505	Threatened abortion, threatened miscarriage or...
16508	Pregnancy complicated by acute intercurrent...
16509	Preeclampsia, eclampsia or antepartum...
16511	Cervix, purse string ligation of...
16512	Cervix, removal of purse string ligature of...
16514	Antenatal cardiotocography in the management of...
16515	Management of vaginal delivery as an independent...
16518	Management of labour, incomplete, where the...
16519	Management of labour and delivery by any means...
16520	Caesarean section and post-operative care for 7...
16522	Management of labour and delivery, or delivery...
16525	Management of second trimester labour, with or...
16564	Evacuation of retained products of conception...
16567	Management of postpartum haemorrhage by special...
16570	Acute inversion of the uterus, vaginal...
16571	Cervix, repair of extensive laceration or...
16573	Third degree tear, involving anal sphincter...

36. Sterilisation and Reversal of Sterilisation:

Not applicable

37. Cardiothoracic:



Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Cardiothoracic Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Cardiothoracic Services are defined as Medicare Benefit Schedule items:

35304	Transluminal Balloon Angioplasty of 1 coronary artery,
35305	Transluminal Balloon Angioplasty of more than 1 coronary artery,
35310	Transluminal stent Insertion including associated balloon dilation of coronary artery...
38200	Right heart catheterisation, including...
38203	Left heart catheterisation by percutaneous...
38206	Right heart catheterisation with left heart...
38209	Cardiac electrophysiological study up to and...
38212	Cardiac electrophysiological study 4 or more...
38213	Cardiac electrophysiological study, for follow-...
38215	Selective coronary angiography, placement of...
38218	Selective coronary angiography, placement of...
38220	Selective coronary graft angiography placement...
38222	Selective coronary graft angiography, placement...
38225	Selective coronary angiography, placement of...
38228*	Selective coronary angiography, placement of...
38231*	Selective coronary angiography, placement of...
38234*	Selective coronary angiography, placement of...
38237*	Selective coronary angiography, placement of...
38240*	Selective coronary angiography, placement of...
38243	Placement of catheter(s) and injection of opaque...
38246*	Selective coronary angiography, placement of...
38256	Temporary transvenous pacemaking electrode...
38275	Myocardial biopsy, by cardiac catheterisation...
38278	Single chamber permanent transvenous electrode...
38281	Permanent cardiac pacemaker, insertion, removal...
38284	Dual chamber permanent transvenous electrodes...



38287	Ablation of arrhythmia circuit or focus or...
38290	Ablation of arrhythmia circuits or foci, or...
38293	Ventricular arrhythmia with mapping and...
38400	Thoracic cavity, aspiration of, for diagnostic...
38403	Thoracic cavity, aspiration of, with therapeutic...
38421	Thoracotomy, with pulmonary decortication...
38424	Thoracotomy, with pleurectomy or pleurodesis, or...
38427	Thoracoplasty (complete) - 3 or more ribs...
38430	Thoracoplasty (in stages) each stage...
38436	Thoracoscopy, with or without division of...
38438	Pneumonectomy or lobectomy or segmentectomy not...
38440	Lung, wedge resection of...
38441	Radical lobectomy or pneumonectomy including...
38448	Mediastinum, cervical exploration of, with or...
38453	Tracheal excision and repair without...
38455	Tracheal excision and repair of, with...
38470	Permanent myocardial electrode, insertion of, by...
38473	Permanent pacemaker electrode, insertion by sub-...
38497	Coronary artery bypass with cardiopulmonary...
38498	Coronary artery bypass with the aid of tissue...
38500	Coronary artery bypass with cardiopulmonary...
38501	Coronary artery bypass with the aid of tissue...
38503	Coronary artery bypass with cardiopulmonary...
38504	Coronary artery bypass with the aid of tissue...
38505	Coronary endarterectomy, by open operation...

38. Psychiatric:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Psychiatric Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Psychiatric Services are defined as:



N/A	Restricts services for all psychiatric conditions (including but not limited to schizophrenia, depression, post natal depression, bipolar disorder, personality disorders, dis-associative disorder, eating disorders, anxiety and obsessive compulsive disorders).
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39. Rehabilitation:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Rehabilitation Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Rehabilitation Services are defined as:

N/A	Restricts rehabilitation services both post operatively and as part of medical treatment.
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40. Plastic and Cosmetic Surgery:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Plastic and Reconstructive Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Plastic and Reconstructive Services are defined as Medicare Benefit Schedule items:

45520	Reduction mammoplasty (unilateral) with surgical...
45522	Reduction mammoplasty (unilateral) without...
45524	Mammoplasty, augmentation, for significant...
45527	Mammoplasty, augmentation, (unilateral)...
45528	Mammoplasty, augmentation, bilateral, not being...



45530	Breast reconstruction (unilateral), using a...
45533	Breast reconstruction using breast sharing...
45536	Breast reconstruction using breast sharing...
45539	Breast reconstruction (unilateral), following...
45542	Breast reconstruction (unilateral), following...
45545	Nipple or areola or both, reconstruction of, by...
45546	Nipple or areola or both, intradermal...
45548	Breast prosthesis, removal of, as an independent...
45551	Breast prosthesis, removal of, with complete...
45552	Breast prosthesis, removal of, with complete...
45554	Breast prosthesis, replacement of, following...
45555	Silicone breast prosthesis, removal of and...
45556	Breast ptosis, correction of (unilateral), to...
45557	Breast ptosis, correction of by mastopexy of...
45558	breast ptosis, correction of by mastopexy of...
45560	Hair transplantation for the treatment of...
45562	Free transfer of tissue involving raising of...
45563	Neurovascular island flap, including direct...
45584	Liposuction (suction assisted lipolysis) to 1...
45585	Liposuction (suction assisted lipolysis) to 1...
45586	liposuction (suction assisted lipolysis) for...
45588	Meloplasty, (excluding browlifts and chinlift...
45596	Maxilla, total resection of...
45597	Maxilla, total resection of both maxillae...
45599	Mandible, total resection of both sides...
45602	Mandible, including lower border, or maxilla...
45605	Mandible or maxilla, segmental resection of, for...
45608	Mandible, hemimandibular reconstruction with...
45611	Mandible, condylectomy...
45614	Eyelid, whole thickness reconstruction of, other...
45617	Upper eyelid, reduction of, for skin redundancy...
45620	Lower eyelid, reduction of, for herniation of...
45623	Ptosis of eyelid (unilateral), correction of...
45624	Ptosis of eyelid, correction of, where previous...
45625	Ptosis of eyelid, correction of eyelid height by...



45626	Ectropion or entropion, correction of...
45629	Symblepharon, grafting for...
45652	Rhinophyma, carbon dioxide laser or erbium laser...
45653	Rhinophyma, shaving of...
45665	Lip, eyelid or ear, full thickness wedge...
45668	Vermilionectomy, by surgical excision...
45669	Vermilionectomy, using carbon dioxide laser or...
45675	Macrocheilia or macroglossia, operation for...
45676	Macrostomia, operation for...
45714	Oro-nasal fistula, plastic closure of, including...

41. Hip Replacements:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Hip Replacement Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Hip Replacement Services are defined as Medicare Benefit Schedule items:

49300	Sacroiliac joint arthrodesis of...
49303	Hip, arthrotomy of, including lavage, drainage...
49306	Hip arthrodesis of...
49309	Hip, arthrectomy or excision arthroplasty of...
49312	Hip, arthrectomy or excision arthroplasty of...
49315	Hip, arthroplasty of, unipolar or bipolar...
49318	Hip, total replacement arthroplasty of...
49319	Hip, total replacement arthroplasty of...
49321	Hip, total replacement arthroplasty of...
49324	Hip, total replacement arthroplasty of, revision...
49327	Hip, total replacement arthroplasty of, revision...
49330	Hip, total replacement arthroplasty of, revision...
49333	Hip, total replacement arthroplasty of, revision...



49336	Hip, treatment of a fracture of the femur where...
49339	Hip, revision total replacement of, requiring...
49342	Hip, revision total replacement of, requiring...
49345	Hip, revision total replacement of, requiring...
49346	Hip, revision arthroplasty with replacement of...

42. Other:

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Dialysis Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Dialysis Services are defined as:

13100	Supervision in Hosp, Haemodialysis, Haemofiltration
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Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Joint Replacement Services (other than Hip Replacement Services) shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Joint Replacement Services (other than Hip Replacement) Services are defined as Medicare Benefit Schedule items:

49509	Knee, total synovectomy or arthrodesis of...
49512	Knee, arthrodesis of, with removal of prosthesis...
49515	Knee, removal of prosthesis, cemented or...
49517	Knee, hemiarthroplasty of...
49518	Knee, total replacement arthroplasty of...



49519	Knee, total replacement arthroplasty of...
49521	Knee, total replacement arthroplasty of...
49524	Knee, total replacement arthroplasty of...
49527	Knee, total replacement arthroplasty of...
49530	Knee, total replacement arthroplasty of...
49533	Knee, total replacement arthroplasty of...
49534	Knee, patello-femoral joint of, total...
49545	Knee, revision arthrodesis of...

Where an admission as a private patient occurs in a private hospital or day surgery facility the benefits for Eye Surgery Services shall be restricted to the standard recognised (public) hospital shared ward accommodation fee as determined from time to time.

The Eye Surgery Services are defined as Medicare Benefit Schedule items:

42698	Lens extraction, excluding surgery performed for...
42701	Artificial lens, insertion of, excluding surgery...
42702	Lens extraction and insertion of artificial...
42703	Artificial lens, insertion of, into the...
42704	Artificial lens, removal or repositioning of by...
42707	Artificial lens, removal of and replacement with...
42710	Artificial lens, removal of, and replacement...
42713	Intraocular lenses, repositioning of, by the use...
42746	Glaucoma, filtering operation for...
42749	Glaucoma, filtering operation for, where...
42752	Glaucoma, insertion of Molteno valve for, 1 or...
42755	Glaucoma, removal of Molteno valve...

J2 14 Exclusions



43. Assisted Reproductive Services:

Not applicable

44. Pregnancy Related Services:

Not applicable

45. Sterilisation and Reversal of Sterilisation:

Not applicable

46. Cardiothoracic:

Not applicable

47. Plastic and Cosmetic Surgery:

Not applicable

48. Hip Replacements:

Not applicable

49. Other:

Not applicable

J2 15 Loyalty Bonuses

- 1) Not applicable

J2 16 Other Special Hospital

- 1) Not applicable

J2 17 Dental

- 1) Benefits shall be paid for all eligible General Dental services, defined as Basic Restorative, Diagnostic, Extractions and Oral Surgery.
- 2) Benefits will be limited to the cost or the benefit including service type limits where dental restrictions apply, as shown in the Lysaght Peoplecare Schedule of Dental Services applicable at the date of service, whichever is the lesser.



- 3) A maximum overall benefit limit of five hundred (500) dollars per membership per financial year shall apply.
- 4) Benefits shall not be payable for services defined as Bleaching, Periodontics, Endodontics, Indirect Metallic and Tooth Coloured Restorations, Veneers, Crowns and Bridgework, Dentures, Implants and Orthodontic services.

J2 18 Optical

- 1) When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit of seventy five (75) percent of the cost will be paid towards the cost of spectacles per membership per financial year to a maximum benefit of one hundred and fifty (150) dollars.
- 2) When prescribed by a registered Optometrist or a Registered Ophthalmic Surgeon a benefit of seventy five (75) percent of the cost will be paid towards the cost of contact lenses per membership per financial year to a maximum benefit of one hundred and fifty (150) dollars.
- 3) The benefits payable for spectacles will be limited to one (1) single complete appliance (i.e. frame and lens) per membership per financial year.
- 4) The overall combined annual benefit limit for all optical services per membership per financial year shall be one hundred and fifty (150) dollars.

J2 19 Physiotherapy

- 1) A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Physiotherapist applies.
- 2) A maximum of two (2) Physiotherapist Initial Consultation benefits are payable per membership per financial year.
- 3) A maximum overall benefit limit of three hundred and fifty (350) dollars per membership per financial year shall apply for any combination of services covered under the Physiotherapy, Chiropractic, and Osteopathy sections.

J2 20 Chiropractic

- 1) A benefit of thirty five (35) dollars for the Initial Consultation and twenty five (25) dollars for each subsequent consultation up to 10 and fifteen (15) dollars for each subsequent consultation from eleven to twenty (11-20) with a registered Chiropractor / Osteopath applies.
- 2) A maximum of one (1) Chiropractic / Osteopathy Initial Consultation benefit is payable per membership per financial year.



- 3) A maximum overall benefit limit of three hundred and fifty (350) dollars per membership per financial year shall apply for any combination of services covered under the Chiropractic, Osteopathy, and Physiotherapy sections.

J2 21 Non PBS Pharmaceuticals

- i) **Members are entitled to receive a benefit for prescriptions other than Pharmaceutical Benefit Scheme items, contraceptives, or items normally available without a doctor's prescription.**
- ii) **Benefits shall be payable at 75% of the charge after deducting the standard sum of thirty (30) dollars per prescription item from the cost of the service with a maximum benefit of fifty (50) dollars per prescription.**
- iii) **A maximum overall benefit limit of three hundred and fifty (350) dollars per person shall apply each financial year.**

J2 22 Podiatry

- 1) Not applicable

J2 23 Psychology and Counselling

- 1) Not applicable

J2 24 Alternative Therapies

- 1) Not applicable

J2 25 Natural Therapies

- 1) A benefit of thirty-five (35) dollars for the Initial Consultation and a maximum of twenty-five (25) dollars for each subsequent consultation applies for recognised services with a Natural Therapist that is registered with the fund.
- 2) A maximum of one (1) Natural Therapy Initial Consultation benefit is payable per financial year.
- 3) The maximum benefits paid each financial year for Natural Therapy services shall be one hundred and seventy (170) dollars.

J2 26 Speech Therapy

- 1) Not applicable



J2 27 Orthotics

- 1) Not applicable

J2 28 Dietetics

- 1) Not applicable

J2 29 Occupational Therapy

- 1) Not applicable

J2 30 Naturopathy

- 1) Not applicable

J2 31 Acupuncture

- 1) Not applicable

J2 32 Other Therapies

1. Not applicable.

J2 33 Non Surgically Implanted Prostheses and Appliances

- 1) Not applicable

J2 34 Hearing Aids

- 1) Not applicable



J2 35 Prevention Health Management

50. A benefit of eighty (80) per cent of the cost of services provided to the member will be paid for the following items:

- **Approved Fitness and Exercise Classes.**
- **Membership Fees for Fitness/Sporting Activities.**
- **Equipment used for health improvement/maintenance.**
- **Lifestyle Improvement Programs;**
- **Stress Management**
- **Quit Smoking**
- **Weight Control**
- **Health Screening Services**
 - **Blood Pressure Testing**
 - **Cholesterol Testing.**

51. Benefits shall only be payable where the goods or services are part of a health management program approved by the fund or are rendered on the advice of a health professional approved by the fund and such treatment is intended to prevent or ameliorate a specific health condition or conditions.

52. The maximum benefits payable per financial year will be one hundred (100) dollars per single member.

53. Goods or services that are primarily for the purpose of sport, recreation or entertainment shall not be eligible for benefits.

J2 36 Ambulance Transportation

- 1) Full cost of fee charged by Ambulance Services provided within the Commonwealth of Australia.
- 2) Full cost of taxi service as arranged by the Fund with the consent of the member for transport to and from hospitals or surgeries for recurring treatment where an ambulance would normally be used.

**J2 37 Accident Cover**

- 1) Not applicable

J2 38 Accidental Death Funeral Expenses

- 1) Not applicable

J2 39 Other Special Ancillary

- 1) Not applicable

K SCHEDULE CONTRIBUTION RATE**K1 Contribution Rate**

The subscriptions of the Fund from the 1st April 2006 shall be:

CONTRIBUTION	\$/WEEK	TABLE
S		
Family Contributors	31.20	Public Hospital Table
Single Contributors	15.60	
Family Contributors	Note 1	Medical Gap Table
Single Contributors	Note 1	
Family Contributors	50.60	Private Excess 150/300 Hospital
Single Contributors	25.30	
Family Contributors	54.80	Private Plus Hospital Table
Single Contributors	27.40	
Family Contributors	48.00	Private Excess 250/500 Hospital
Single Contributors	24.00	
Family Contributors	40.80	Private Excess 500/1000 Hospital



Single Contributors	20.40	
Family Contributors	Note 2	Medical Gap Plus Table
Single Contributors	Note 2	
Family Contributors	24.40	Ancillary Plus
Single Contributors	12.20	
Family Contributors	13.60	Basic Ancillary Table
Single Contributors	6.80	
Family Contributors	3.20	Lifestyle Table
Single Contributors	1.60	
Family Contributors	104.00 Annual	Ambulance Only Table
Single Contributors	52.00 Annual	
Family Contributors	79.20	Rewards Plus Package
Single Contributors	39.60	
Family Contributors	54.40	Value Plus Package
Single Contributors	27.20	
Family Contributors	68.70	BHP Corporate Health Plan
Single Contributors	34.35	
Family Contributors	36.20	Triple S
Single Contributors	18.10	

Note 1 The contribution rate for the Public Hospital Table, Private Plus Table, Private Excess 150/300 Table, Private Excess 250/500 Table and the Private Excess 500/1000 Table, includes the Medical Gap Table as both Tables must be taken together.

Note 2 The Medical Gap Plus Table is included in the Public Hospital Table, Private Plus Hospital Table, Private Excess 150/300 Hospital Table, Private Excess 250/500 Hospital Table and the Private Excess 500/1000 Hospital Table. The contribution Rate for the Medical Gap Plus Table is included in the respective Hospital Table contribution rate (excluding the BHP Corporate Health Plan as defined under Rule J.12).



L SCHEDULE OVERSEAS

SCHEDULE L Overseas

M SCHEDULE OTHER

SCHEDULE M Other

