

1 January 2021



Standard Extras



1800 808 690



info@peplecare.com.au



peplecare.com.au

Please read this document carefully and keep it for future reference. For the most up-to-date info, visit peplecare.com.au.

Standard Extras Cover (as at 1 January 2021)

***This Extras product is closed to new members**

Annual Limits are per person, per financial year (unless otherwise stated)

			Standard Extras		
Service		Waiting periods	Benefit	Annual limit	
Ambulance	Ambulance	1 day	100%	No limit	
General dental	Basic restoration (fillings)	2 months	60%	\$500 per person	
	Diagnostic services				
	Extractions				
	Oral surgery				
	Periodontics				
	Endodontics (root canal therapy)				
High cost dental	Crowns & bridges	12 months	x	x	
	Dentures		x	x	
	Implants		x	x	
	Orthodontics		x	x	
Pharmacy*	Prescriptions (after the standard PBS amount has been deducted)	2 months	60% of the cost \$50 per script	\$350 per person \$700 per family	
Optical	Glasses & contact lenses	6 months	100%	\$150 per person	
	Laser eye surgery	24 months	x	x	
Physiotherapy & other therapies	Physiotherapy	2 months	Initial: \$35 ¹ Standard (first 10): \$25 Standard (11+): \$15	\$350 per person \$700 per family	
	Occupational Therapy		x		
	Hydrotherapy		x		
Chiropractic	Chiropractic & osteopathic	2 months	Initial: \$35 ¹ Standard (first 10): \$25 Standard (11+): \$15	\$350 per person \$700 per family	
	Chiropractic x-ray		60%		
Complementary therapies	Remedial massage	2 months	60%	\$170 per person	
	Myotherapy			\$340 per family	
	Chinese herbal consults				
	Acupuncture				x
	Podiatry				x
	Dietetics				x
Other benefits	Orthotics (Custom made or heat moulded) (every 2 years)	2 months	x		x
	Pre/post natal classes	2 months	x	x	
	Home nursing	2 months	x	x	
	Speech therapy	2 months	x	x	
	Hearing aids	24 months	x	x	
	Psychology	2 months	x	x	
	Allergy treatment	2 months	x	x	
	Surgical equipment/health aids	2 months	x	x	
	Health management programs	6 months	100%	\$100 (per person) \$200 (family)	

*Pharmacy benefits can be claimed for prescription medication that costs more than the current Pharmaceutical Benefit Scheme (PBS) amount. This amount changes on 1 January every year and is \$41.30 as at 1 January 2021.

¹ 1 initial consult per year per service except physiotherapy which has 2 initial consults per year.

Please note: This isn't the full list of services covered. It's always best to give us a buzz before having any treatment to check exactly what you're covered for.

If you're transferring from another fund, we'll recognise any waiting periods you've already served if you switch to us within 30 days. Plus, if you've only served part of a waiting period, say, 2 months of a 6-month waiting period, you'll only need to serve the remaining 4 months when you transfer to Peoplecare. If you're upgrading your cover, waiting periods still apply for the services that you weren't previously covered for.



Waiting Periods

Important info: Extras waiting periods

Extras services	Waiting period
<ul style="list-style-type: none">Ambulance	1 day
<ul style="list-style-type: none">All other services except those listedGeneral dental, pharmacy, physio, chiro & podiatry	2 months
<ul style="list-style-type: none">OpticalHealth management programs	6 months
<ul style="list-style-type: none">High-cost dentistryPre/post natal services (including midwifery)	12 months
<ul style="list-style-type: none">Laser eye surgery & hearing aids	24 months

Note: not all covers include these services. Please check page 2 to see if you're covered.

What's not covered

There are a few things that aren't covered by your extras cover.

They are treatments & services

- ✗ received within your waiting period
- ✗ received outside Australia
- ✗ covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ received more than 2 years ago
- ✗ received from providers that aren't registered or recognised by Peoplecare
- ✗ received from a family member, relative, business partner or yourself
- ✗ you weren't charged for
- ✗ for sport, recreation or entertainment

and:

- ✗ Pharmaceutical Benefits Scheme (PBS) prescriptions under the standard PBS amount, contraceptives or over-the-counter medicine
- ✗ Naturopathic & herbal medicines
- ✗ First-aid kits & courses
- ✗ Non-prescription glasses, contacts & sunglasses
- ✗ Receipts issued by a third party, like group buying websites or group deals
- ✗ If you're using a gift voucher, we can't pay the difference between the cost of the service and the value of the voucher. For example, if you use a \$60 voucher to pay for a \$40 service, you can only claim back the \$40 as the official fee for that service
- ✗ Benefits higher than the amount you paid for the service. For example, if you receive treatment that's discounted from \$65 to \$30, we only pay a benefit towards the fee you paid (i.e. \$30)
- ✗ Surcharges, delivery costs and credit card processing fees



Love a free ride

Did you know that an ambulance ride could cost you thousands? We paid a \$24,000 air ambulance fare in 2018 with zero out-of-pocket expenses for our member. Our ambulance cover is included free with any of our Combo, Hospital or Extras covers.

What's covered:

- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state ambulance provider
- ✓ Non – emergency road and air ambulance transport by a state ambulance provider
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Unlimited nationwide
- ✓ 1 day waiting period
- ✓ No annual limits

What's not covered:

- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider



Things to know about

Extras cover more info:

- Annual limits are for a financial year (1 July – 30 June) and are usually per person (unless it says otherwise).
- Optical benefits (glasses & contacts) are paid when glasses or contacts are prescribed by a registered optometrist. They have to be for sight correction and we don't pay on non-prescription sunglasses.
- Smiles all 'round - We've teamed up with the smile.com.au network of quality dentists to help take the bite out of your wallet. You can now visit any of the friendly smile.com.au dentists around the country and you'll get at least 15% off their usual fee for all treatments – just for having extras cover with Peoplecare! This offer is separate to your extras limits and waiting periods, so you'll get savings all year 'round.
- Health management - We pay benefits for approved programs to manage or treat a specific health condition. Health screening services such as blood pressure testing, cholesterol checks, mammograms and hearing tests can be claimed if Medicare don't pay a benefit. Please give us a buzz for details. Under the Private Health Insurance Act, we can't pay benefits for goods and services that are for the purposes of sport, recreation or entertainment (like gym memberships). You'll need to send us a Declaration of Condition Form found at peoplecare.com.au/Members/Forms.
- Extras providers need to be registered with Medicare or recognised by Peoplecare before benefits will be paid. We reserve the right to refuse payment for services rendered by a provider who does not satisfy the fund criteria. If you wish to ensure that the provider you are attending is covered by the fund you can search for registered providers on our website peoplecare.com.au/findaprovider or give us a buzz before you go.

How to make an extras claim

Swipe your card – claim instantly!

EFTPOS-style claiming is easy. Swipe your membership card and claim paid! On-the-spot claiming, called HICAPS, is available at most health providers like dentists, optometrists, physios, chiros and more. You just pay the difference between their fee and your fund benefit – no claim form needed. Nice.

Claim with Larry, our mobile app

Larry is all about making claiming a breeze! Forget faffing about with scanning and emailing – simply take a photo of your receipt on your smart phone or tablet, open our app, submit your pic and hey presto – your claim is on its way to us in record time.

Download the app by searching 'Peoplecare' on the Google Play store or App Store.

Claim online

Claiming online is super easy! Just like with our app, all you need to do is upload a photo of your receipt. Upload it on Online Member Services and you're done. To register for our Online Member Services, just visit peoplecare.com.au. It only takes a few minutes.

Email us

Just scan your completed claim form with your receipts and email us at info@peoplecare.com.au

Online Member Services

Love having access to your membership 24/7? Then our Online Member Services is for you.

Here is what you can do in Online Member Services wherever and whenever you like:

- View & update your membership details
- Check how much of your Extras limits you've used & find out how much you'll get back for an upcoming service
- View your claims history

- Make a membership payment by credit card
- Find a registered healthcare provider
- View & print your annual Tax Statement to get a head-start on your tax

And more! Registering is quick and easy, so sign up today at peoplecare.com.au/oms.

Your privacy

We're 100% committed to the Privacy Act and Australian Privacy Principles, which means we only collect the information we need to give you access to health services. We won't collect any personal information unless we've asked first, and we protect the information we do have with everything we've got.

Want more info?

You can read our full Privacy Policy at peoplecare.com.au/privacy or give us a buzz on **1800 808 690**.

If you change your mind...

Changed your mind about your cover? No worries! Just let us know within 30 days of joining or upgrading your cover and you'll get a full refund of any premiums paid (as long as you haven't made any claims in that time, of course).

What to do if you're not happy

At Peoplecare, it's all about you. We love happy members, and if you're not happy we want to hear about it so we can make things even better. If you have any problems with your cover, give us a buzz on **1800 808 690**. Most of the time we can sort things out on the spot, but you can always ask to speak to a manager if you'd prefer. If you'd rather write to us, you can email info@peoplecare.com.au or write to **Locked Bag 33, Wollongong, NSW 2500**.

If you're still not happy after contacting us, you can contact the Private Health Insurance Ombudsman (PHIO). PHIO is free, independent and protects the rights of private health fund members.

You can call PHIO on 1300 362 072, email phio.info@ombudsman.gov.au, or send mail to:

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

For more information, visit their website ombudsman.gov.au.

To get a copy of our full complaints policy, go to peoplecare.com.au or contact us and we'll send you a copy.

**For the most up-to-date info, visit
peoplecare.com.au.**

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