Premium Extras

Peoplecare™
health insurance

Premium Extras Cover

As at 1 January 2024

SERVICE		WAITS	PREMIUM EXTRAS BENEFIT	PREMIUM EXTRAS ANNUAL LIMIT
Ambulance	National Ambulance cover	1 day	100%	No limit
Dental	General dental (preventative, x-rays, basic restorations, basic surgery & extractions)	2 months	80%	$1,500 per person
	Major dental (periodontics, endodontics, crowns & bridges, implants & dentures)	12 months	80%	$1,500 per person
	Orthodontics	12 months	80%	$1,000 per person $3,000 lifetime limit
Pharmacy*	Prescriptions (after the standard PBS amount has been deducted)	2 months	80% to $80	$500 per person $1,000 per family
Optical	Glasses & contact lenses	6 months	100% of cost	$300 per person
	Laser eye surgery	24 months	80%	$600 per eye every 2 years
Physiotherapy & other therapies	Physiotherapy	2 months	Initial consult $59† Standard consult $49	$600 per person $1,200 per family
	Occupational Therapy			
	Orthoptics (eye therapy)			
	Exercise physiology		80%	
	Hydrotherapy			
Chiropractic & Osteopathic	Chiropractic	2 months	Initial consult $50† Standard consult $40	$600 per person $1,200 per family
	Osteopathy			
Complementary Therapies	Chinese herbal consults	2 months	Initial consult $50† Standard consult $40	$400 per person $800 per family
	Remedial massage			
	Acupuncture			
	Dietetics			
Podiatry	Podiatry (chiropody)	2 months	Initial consult $50† Standard consult $40	$500 per person $1,000 per family
Psychology	Psych/group therapy	2 months	Initial consult $110† Standard consult $90	$500 per person $1,000 per family
Speech Therapy	Speech Therapy	2 months	80%	$500 per person $1,000 per family
Health management programs	Preventative health	6 months	80%	$250 per person $500 per family
Health aids & wellness	Equipment (every 3 years)	2 months	80%	$700 per person $1,400 per family
	Health aids & services (Such as home nursing)			
	Orthotics (Custom made) (every 2 years)		80% up to $200pp	
Hearing aids	Hearing & audiology	24 months	80%	$1,500 per person every 5 years

*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. Further details are available at **pbs.gov.au**

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

Please note: Annual limits are per person, per financial year (unless otherwise stated). This isn't the full list of services covered. It's always best to give us a call 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.

Important Information

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
- ✗ 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

Ambulance Cover

Without ambulance cover, an ambulance ride could cost you thousands. Our ambulance cover is included at no cost to you with any of our Hospital and Extras, Hospital Only or Extras Only covers. Queensland and Tasmania residents don't need to worry about ambulance travel in their states, as it's free. Queensland residents are also covered by their state when travelling around Australia.

WHAT'S COVERED:

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

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 periods still apply.

Important Information

EXTRAS COVER

• Annual limits are for a financial year (1 July - 30 June) and are usually per person (unless it says otherwise).

•Optical benefits (glasses and 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. 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 seperate 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 call us 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 call us before you go.

HOW TO MAKE A EXTRAS CLAIM

Swipe your card- claim instantly

Swipe your membership card at health providers like dentists, optometrists, physios, chiros and more. You just pay the difference between the fee and your fund benefit- no claim form needed.

Claim with our mobile app

Our mobile app makes claiming a breeze. Simply take a photo of your receipt on your smart phone or table, open our app, submit your picture - your claim is on its way to us. Download the app by searching 'Peoplecare' on the Google Play store or App Store.

Claim Online

Claiming online is easy. Just like our app, all you need to do is upload a photo of your receipt to our Online Member Services and you're done. To register for our Online Member Services, just visit **peoplecare.com.au.**

YOUR PRIVACY

We're 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. We only collect information that we need to give you access to health services, and we don't collect personal information unless we ask you first. We protect your personal details and we'll only share your information if it's needed to provide our services. You can read our full Privacy Policy at **peoplecare.com.au/privacy** or give us a call on 1800 808 690.

IF YOU CHANGE YOUR MIND...

Changed your mind about your cover? 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).

WHAT TO DO IF YOU'RE NOT HAPPY

At Peoplecare,if you have any problems with your cover, give us a call on **1800 808 690**.
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**, visit **ombudsman.gov.au** or send mail to:

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

For general information on private health insurance, visit **privatehealth.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.

POLICY INFORMATION

This document provides information to help you understand what you will and will not be covered for under your policy. These details are in conjunction with the fund rules which can be found here - peoplecare.com.au/fund-rules. It is important that you read this document carefully and retain a copy for your reference. For more information about your specific needs, please contact us or visit our website.

CODE OF CONDUCT

The Private Health Insurance Code of Conduct is a voluntary industry code. It sets standards for health funds to make sure they do the right thing by consumers in having great staff training, clear policy documentation, watertight privacy and easy dispute resolution. Each health fund has a short summary of every product in a standard format to help you compare them side by side. They are called Private Health Information Statements (PHIS) and you can easily get them from the Private Health Insurance Ombudsman's website by visiting health.gov.au/resources/ apps-and-tools/compare-health-insurancepolicies. Peoplecare is proud that we meet 100% of the standards in the Code of Conduct. This means we can display the Code of Conduct tick on our materials to show you we're doing the right thing.

Download our app today

HERE IS WHAT YOU CAN DO WHEREVER AND WHENEVER YOU LIKE

- Claim quickly with easy photo or PDF claiming
- Upload supporting claim documents and forms
- View and search your claims history
- Make a membership payment by credit card, debit card and direct debit
- Find a registered healthcare provider
- Check your benefits, limits, cover and payment details
- Order a new membership card

And more! Downloading is quick and easy. Head to **peoplecare.com.au/help-centre/mobile/**

Download on the App Store

GET IT ON Google Play

1800 808 690

info@peoplecare.com.au

peoplecare.com.au

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