

SCHEDULE C: GENERAL TREATMENT TABLES

Effective 3 November 2025

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Rules applicable to all General Treatment Tables

The following sections apply to all General Treatment Tables:

1. Overseas Health Care

No Benefit is payable for Overseas Health Care.

2. Excluded Therapies

No Benefit is payable for the following therapies:

- Alexander Technique Kinesiology
- Aromatherapy
- Bowen Technique
- Feldendrakis
- Iridology
- Western herbalism
- Rolfing
- Yoga
- Homeopathy
- Myotherapy
- Pilates
- Reflexology
- Naturopathy
- Shiatsu
- Tai Chi
- Buteyko

3. Appliances, Devices, Prostheses and Jobst Pressure Garments

Appliances, Devices, Prostheses and Jobst Pressure Garments will only attract a Benefit when ordered by a Medical Practitioner for a medical condition.

Rules applicable to specific General Treatment Tables

The following sections detail rules applicable to each General Treatment Table.

1. Supplementary / Optimum Extras Table (S)

1.1. Eligibility

All persons in Australia over age 18 are eligible to apply to contribute. Refer also to General Conditions.

1.2. Combined Limits

The following Combined Limits apply to this cover:

Services	Per person per membership year [^]
Physiotherapy Speech Therapy Orthoptic Therapy Occupational Therapy	\$700.00
Chiropractic Osteopathy Podiatry (Chiropody) Acupuncture Remedial massage Hypnotherapy Clinical Psychology Dietetics	\$400.00
Non-PBS Pharmaceuticals	\$700.00
Optical	\$290.00
Non-Surgical Appliances	\$100.00
Surgical Appliances	\$100.00
Mechanical Appliances	1 item and \$400
Implants	\$100.00
Mechanical Devices	1 item and \$100
Prosthesis and Artificial Aids – Non-Inpatient	\$750.00
Prosthesis and Artificial Aids – Inpatient Jobst Pressure Garment	\$200.00
Healthy Lifestyle Program	\$50.00 with a membership limit of \$100.00
Home Nursing Midwifery	\$750.00 per calendar year
Non-hospital accommodation	\$300.00
Patient accommodation	\$200.00

[^]unless otherwise indicated

1.3. Dental

For dental services provided by registered general Dentists in private practice Refer to Schedule E (Other Dental).

Benefits for Dental Services and Dental Prosthetists Services are limited to the following.

Dental Services	Per person per membership year [^]
Treatment of maxillo-facial injuries	\$220.00
Dentures (overall limit – not per item)	\$750.00

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Occlusal therapy	\$220.00
Specialist dental services performed by registered specialist Oral Surgeons, Periodontists, Endodontists and Pedodontists in private practice, who are practicing according to their specialization requirements (935).	\$400.00
Crowns and bridges	\$700.00
Prosthetic services performed by registered dental prosthetist	Complete or partial upper and lower - one every five (5) years. If not claimed from below
Prosthetic services performed by registered dental prosthetist	Complete or partial upper and lower - one every five (5) years. If not claimed from above.
Orthodontic services by registered non-specialist dentist i.e. for treatment by other than orthodontic specialist	\$350.00 and maximum Policy Benefit of \$1000.00
Orthodontic services by a specialist	\$400.00 Accumulated benefit at rate of \$150.00 per annum. Maximum benefit per Member per course of treatment \$1,800.00.

^unless otherwise indicated

1.4. Optical

For optical items or services provided by registered optometrists or optical dispensers the Benefits are as follows. Refer also to Combined Limits applicable to this cover

Ref.	Item	Max. Benefit
2140	Spectacle Frames	\$100.00
2141	Stock Supply Single Sighted Lens	\$55.00
2142	Prescription made Single Sighted Lens	\$80.00
2143	Bifocal	\$115.00
2144	Multifocal	\$140.00
2145	Contact Lenses - Hard Spherical	\$120.00
2146	Contact Lenses - Hard Spherical	\$130.00
2147	Contact Lenses - Hard Toric	\$170.00
2148	Contact Lenses - Hard Toric	\$160.00
2149	Contact Lenses - Soft Therapeutic Lenses	\$100.00
2150 (842)	Contact Lenses Soft Hydrophilic Spherical	\$140.00
2151 (852)	Contact Lenses Soft Hydrophilic Toric	\$185.00
2152	Disposable Contact Lenses	\$135.00
2156	Irlen Lenses	\$80.00
2153	Frame Repairs - 50% of the appliance Benefit	
2154	Lens Repairs - 50% of the appliance Benefit	

- (a) Repairs to frames and lenses are repair per Member per Membership Year.
- (b) Benefits for optical items or services shall not be provided for sunglasses or for items provided where no sight correction was necessary. Benefits shall also not be payable if the prescription for the optical item is not submitted with the claim.

1.5. Orthoptic

When provided by a Registered or Recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2220	Initial consultation and treatment	\$32.00
2222	Subsequent visits	\$30.00
2225	Standard hospital consultation and treatment	\$15.00

1.6. Physiotherapy

When provided by a registered practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2200	Initial consultation and treatment	\$40.00
2203	Subsequent visits	\$36.00
2206	Standard hospital consultation and treatment	\$15.00
2231	Hydrotherapy – individual service (not group) ordered by a physiotherapist	\$15.00

1.7. Chiropractic

When provided by Registered practitioners in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2000	Initial consultation	\$26.00
2001	Subsequent visits	\$22.00
2005	X-ray benefit (per members year)	\$70.00

1.8. Osteopathy

Ref.	Item	Max. Benefit
2010	Initial consultation	\$26.00
2011	Subsequent visits	\$22.00

1.9. Exercise Physiology

Ref.	Item	Max. Benefit
2055	Initial consultation	\$26.00
2056	Subsequent visits	\$22.00

1.10. Non-PBS Pharmaceuticals

For pharmaceutical prescriptions not covered by the Pharmaceutical Benefit Scheme a Benefit of the excess cost of the prescription over the current prescription charge up to \$70 per prescription. Refer also to Combined Limits applicable to this cover.

Vaccines – up to \$70.00 when invoiced by a Medical Practitioner and carried out in their practice without producing a script for dispensing at a Pharmacy. Refer also to Combined Limits applicable to this cover.

No benefits are payable for prescriptions, contraceptives or items normally available without a prescription.

1.11. Podiatry (Chiropody)

When performed by a Registered or Recognised podiatrist in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2020 (2030)	Initial consultation	\$26.00
2021 (2031)	Subsequent visits	\$22.00
2022	Removal of Toenail	\$65.00
2023	Wedge Resection of Toenail	\$95.00

1.12. Psychology and Counselling

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2070	Clinical Psychology – per service	\$38.00

1.13. Remedial massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$20.00

1.14. Speech Therapy

When provided by a registered or recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2210	Initial consultation and treatment	\$28.00
2212	Subsequent visits	\$32.00
2215	Standard hospital consultation and treatment	\$15.00

1.15. Orthotics

When provided by a registered or recognised podiatrist in private practice. Refer also to Combined Limits applicable to this cover.

Excludes arch supports, innersoles, building up of normal shoes or normal shoes with built in arch supports. Appliances and devices must be tailor made for special patient requirements.

Ref.	Item	Max. Benefit*
2160	Orthotic devices - up to 75% of cost	\$150.00
2161	Orthopaedic shoes - up to 75% of cost	\$200.00

*Per person per membership year.

1.16. Dietetics

When the Service is rendered by a Dietician in private practice who is a member of the Dietetics Association of Australia. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
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2090	Per service	\$26.00
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1.17. Occupational Therapy

When carried out by a Registered or Recognised Practitioner in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2230	Per service	\$28.00

1.18. Remedial Massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$20.00

1.19. Acupuncture

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2040	Initial consultation	\$26.00
2041	Subsequent consultation	\$35.00

1.20. Other Therapies - Hypnotherapy

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2060	Per session	\$25.00

1.21. Prostheses and Appliances

APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2177	Surgical Appliances - up to 75% of cost
2178	Braces - up to 75% of cost
2179	Corsets - up to 75% of cost
2180	Surgical Stockings - up to 75% of cost
2182	Lymphoedema Garment / Stocking - up to 75% of cost

IMPLANTS

Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2181	Oestrogen Implant	\$60.00

MECHANICAL APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2167	Bed Wetter Alarm - up to 75% of cost
2168	Glucose Testing Machine - up to 75% of cost
2172	Tens Machine (Electro Aqua Pulsar) - up to 75% of cost
2186	Nebulisers - up to 75% of cost
2187	Blood Pressure Monitor - up to 75% of cost

MECHANICAL DEVICES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2163	Ear Thermometer (specified for serious illness) - up to 75% of cost
2173	Ioniser - up to 75% of cost

PROSTHETIC APPLIANCES AND ARTIFICIAL AIDS

NON-IMPATIENT

Benefit is not payable should an amount be recoverable from any other source or if the item is available from another source. Refer also to Combined Limits applicable to this cover.

Ref.	Item
2188	Hearing Aids – lesser of up to 75% of cost or \$500.00
2189	Wigs – lesser of up to 75% of cost or \$500.00
2190	Breast Prosthesis – lesser of up to 75% of cost or \$500.00
2191	Sleep Apnoea Machine – lesser of up to 75% of cost or \$500.00
2192	Walking Frame (specially made) – lesser of up to 75% of cost or \$500.00
2193	Wheelchairs – lesser of up to 75% of cost or \$500.00

IMPATIENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2175	Prosthetic Appliance or Artificial Aid - lesser of up to 75% of cost or \$100.00

JOBST PRESSURE GARMENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2176	Prosthetic Appliance or Artificial Aid - up to 75% of cost

1.22. Prevention Health Management

HEALTHY LIFESTYLE PROGRAM

Programs must be on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit*
2260	Weight Management (not meals or special foods)	\$50.00

2261	Stop Smoking Program	\$50.00
2262	Cardiac Prevention and Rehabilitation	\$50.00
2263	Diabetic Education	\$50.00
2264	Approved First Aid Course	\$50.00
	Approved Health Screening (where no Medicare benefit is payable)	\$50.00

*Per person per membership year.

Other health related services as may be approved by the Board of Directors from time to time.

Ref.	Item	Max. Benefit*
various	Approved Health Management Programs	\$50.00

*Per person per membership year.

1.23. Bereavement Benefits

Benefits apply only to those Contributors who hold continuous membership in the Supplementary Table commencing prior to 1 April 2003. Benefits, if not payable from any other source, are payable in respect of all persons covered by the Membership or Policy.

Ref.	Item	Max. Benefit*
2240	Under 21 years of age	\$50.00
2241	21 years to 30 years	\$900.00
2242	31 years to 40 years	\$800.00
2243	41 years to 50 years	\$600.00
2244	51 years and over	\$500.00
2245	Dependant Children	\$400.00

1.24. Other Special

Home Nursing and Midwifery

Home Nursing Visits must be ordered by a registered medical practitioner. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2100	Home Nursing Visit – per registered nurse visit	\$16.00
2101	Home Nursing per day (not less than 6 hours)	\$75.00
2110	Ante-natal visit (limit of ten (10) per confinement)	\$15.00
2110	Post-natal visit (limit of ten (10) per confinement)	\$15.00
2112	Confinement delivery at home or in a registered hospital (except in cases where a medical practitioner is required to intervene and take over the delivery).	\$250.00

Non-hospital accommodation

Payable to a Spouse, Dependant or parent of a Member who is a patient of a Hospital. A medical practitioner must certify the need for such person to accompany the patient to enhance the patient's recovery. Benefit is payable only when the patient is hospitalised at least 150 kilometres from their permanent residence. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2130	Non-hospital accommodation - per night	\$35.00

Patient Accommodation

When treatment received as a non-Inpatient. Benefit payable to a non-Inpatient who receives treatment on the basis of choice as a non-patient. Benefit payable when certified by a medical practitioner that the patient should be accommodated near source of treatment to enhance recovery. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2131	Per night > 150kms from permanent residence	\$30.00
2132	Per night < 150kms from permanent residence	\$20.00

2. Premium Extras Table (U)

2.1. Eligibility

All persons in Australia over age 18 are eligible to apply to contribute. Refer also to General Conditions.

2.2. Combined Limits

The following Combined Limits apply to this cover:

Services	Per person per membership year [^]
Physiotherapy Speech Therapy Orthoptic Therapy Occupational Therapy	\$700.00
Chiropractic Osteopathy Podiatry (Chiropody) Acupuncture Remedial massage Hypnotherapy Clinical Psychology Dietetics	\$600.00
Optical	\$290.00
Non-PBS Pharmaceuticals	\$700.00
Non-Surgical Appliances	\$125.00
Surgical Appliances	\$125.00
Mechanical Appliances	1 item and \$500
Implants	\$125.00
Mechanical Devices	1 item and \$500
Prosthesis and Artificial Aids – Non-Inpatient	\$750.00
Prosthesis and Artificial Aids – Inpatient Jobst Pressure Garment	\$250.00
Chronic Disease Management Programs	1 Program
Healthy Lifestyle Program	\$180.00 per policy per year
Home Nursing Midwifery	\$950.00 per calendar year
Non-hospital accommodation	\$310.00
Patient accommodation	\$400.00

[^]unless otherwise indicated

2.3. Dental

For dental services provided by registered general Dentists in private practice Refer to Schedule E (Other Dental). Benefits for Dental Services and Dental Prosthetists Services are limited to the following.

Dental Services	Per person per membership year [^]
Treatment of maxillo-facial injuries	\$275.00
Dentures (overall limit – not per item)	\$650.00

Occlusal therapy	\$275.00
Specialist dental services performed by registered specialist Oral Surgeons, Periodontists, Endodontists and Pedodontists in private practice, who are practicing according to their specialization requirements (935).	\$500.00
Crowns and bridges (611-659).	\$1,100.00
Prosthetic services performed by registered dental prosthetist (PR680-PR689).	Complete or partial upper and lower - one every five (5) years to \$650.00 max.
Orthodontic services by registered non-specialist dentist i.e. for treatment by other than orthodontic specialist (811-878).	\$440.00 and maximum Policy Benefit of \$1,250.00
Orthodontic services by a specialist (881).	\$600.00 Accumulated benefit at rate of \$200.00 per annum. Maximum benefit per Member per course of treatment \$2,500.00.

^unless otherwise indicated

2.4. Optical

For optical items or services provided by registered optometrists or optical dispensers the Benefits are as follows. Refer also to Combined Limits applicable to this cover

Ref.	Item	Max. Benefit
2140	Spectacle Frames	\$110.00
2141	Stock Supply Single Sighted Lens	\$65.00
2142	Prescription made Single Sighted Lens	\$100.00
2143	Bifocal	\$140.00
2144	Multifocal	\$180.00
2145	Contact Lenses - Hard Spherical	\$150.00
2146	Contact Lenses - Hard Spherical	\$160.00
2147	Contact Lenses - Hard Toric	\$210.00
2148	Contact Lenses - Hard Toric	\$200.00
2149	Contact Lenses - Soft Therapeutic Lenses	\$125.00
2150 (842)	Contact Lenses Soft Hydrophilic Spherical	\$150.00
2151 (852)	Contact Lenses Soft Hydrophilic Toric	\$150.00
2152	Disposable Contact Lenses	\$140.00
2156	Irlen Lenses	\$100.00
2153	Frame Repairs - 50% of the appliance Benefit	
2154	Lens Repairs - 50% of the appliance Benefit	

(c) Repairs to frames and lenses are repair per Member per Membership Year.

- (d) Benefits for optical items or services shall not be provided for sunglasses or for items provided where no sight correction was necessary. Benefits shall also not be payable if the prescription for the optical item is not submitted with the claim.

2.5. Orthoptic

When provided by a Registered or Recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2220	Initial consultation and treatment	\$50.00
2222	Subsequent visits	\$35.00
2225	Standard hospital consultation and treatment	\$20.00

2.6. Physiotherapy

When provided by a registered practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2200	Initial consultation and treatment	\$55.00
2203	Subsequent visits	\$45.00
2206	Standard hospital consultation and treatment	\$20.00
2231	Hydrotherapy – individual service (not group) ordered by a physiotherapist	\$20.00

2.7. Chiropractic

When provided by Registered practitioners in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2000	Initial consultation	\$40.00
2001	Subsequent visits	\$35.00
2005	X-ray benefit (per members year)	\$80.00

2.8. Osteopathy

Ref.	Item	Max. Benefit
2010	Initial consultation	\$35.00
2011	Subsequent visits	\$30.00

2.9. Exercise Physiology

Ref.	Item	Max. Benefit
2055	Initial consultation	\$26.00
2056	Subsequent visits	\$22.00

2.10. Non-PBS Pharmaceuticals

For pharmaceutical prescriptions not covered by the Pharmaceutical Benefit Scheme a Benefit of the excess cost of the prescription over the current prescription charge up to \$70 per prescription. Refer also to Combined Limits applicable to this cover.

Vaccines – up to \$70 when invoiced by a Medical Practitioner and carried out in their practice without producing a script for dispensing at a Pharmacy. Refer also to Combined Limits applicable to this cover.

No benefits are payable for prescriptions, contraceptives or items normally available without a prescription.

2.11. Podiatry (Chiropody)

When performed by a Registered or Recognised podiatrist in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2020 (2030)	Initial consultation	\$45.00
2021 (2031)	Subsequent visits	\$40.00
2022	Removal of Toenail	\$80.00
2023	Wedge Resection of Toenail	\$150.00

2.12. Psychology and Counselling

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2070	Clinical Psychology – per service	\$70.00

2.13. Speech Therapy

When provided by a registered or recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2210	Initial consultation and treatment	\$35.00
2212	Subsequent visits	\$40.00
2215	Standard hospital consultation and treatment	\$20.00

2.14. Orthotics

When provided by a registered or recognised podiatrist in private practice. Refer also to Combined Limits applicable to this cover.

Excludes arch supports, innersoles, building up of normal shoes or normal shoes with built in arch supports. Appliances and devices must be tailor made for special patient requirements.

Ref.	Item	Max. Benefit*
2160	Orthotic devices - up to 75% of cost	\$200.00
2161	Orthopaedic shoes - up to 75% of cost	\$250.00

*Per person per membership year.

2.15. Dietetics

When the Service is rendered by a Dietician in private practice who is a member of the Dietetics Association of Australia. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2090	Per service	\$35.00

2.16. Occupational Therapy

When carried out by a Registered or Recognised Practitioner in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2230	Per service	\$35.00

2.17. Remedial Massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$50.00

2.18. Acupuncture

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2040 or 2041	Consultation	\$40.00

2.19. Other Therapies - Hypnotherapy

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2060	Per session	\$35.00

2.20. Prostheses and Appliances

APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2177	Surgical Appliances - up to 75% of cost
2178	Braces - up to 75% of cost
2179	Corsets - up to 75% of cost
2180	Surgical Stockings - up to 75% of cost
2182	Lymphoedema Garment / Stocking - up to 75% of cost

IMPLANTS

Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2181	Oestrogen Implant	\$70.00

MECHANICAL APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2167	Bed Wetter Alarm - up to 75% of cost
2168	Glucose Testing Machine - up to 75% of cost
2172	Tens Machine (Electro Aqua Pulsar) - up to 75% of cost
2186	Nebulisers - up to 75% of cost
2187	Blood Pressure Monitor - up to 75% of cost

MECHANICAL DEVICES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2163	Ear Thermometer (specified for serious illness) - up to 75% of cost
2173	Ioniser - up to 75% of cost

PROSTHETIC APPLIANCES AND ARTIFICIAL AIDS

NON-INPATIENT

Benefit is not payable should an amount be recoverable from any other source or if the item is available from another source. Refer also to Combined Limits applicable to this cover.

Ref.	Item
2188	Hearing Aids – lesser of up to 75% of cost or \$625.00
2189	Wigs – lesser of up to 75% of cost or \$625.00
2190	Breast Prosthesis – lesser of up to 75% of cost or \$625.00
2191	Sleep Apnoea Machine – lesser of up to 75% of cost or \$625.00
2192	Walking Frame (specially made) – lesser of up to 75% of cost or \$625.00
2193	Wheelchairs – lesser of up to 75% of cost or \$625.00

INPATIENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2175	Prosthetic Appliance or Artificial Aid - lesser of up to 75% of cost or \$125.00

JOBST PRESSURE GARMENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2176	Prosthetic Appliance or Artificial Aid - up to 75% of cost

2.21. Prevention Health Management

HEALTHY LIFESTYLE PROGRAM

Programs must be on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit*
2260	Weight Management (not meals or special foods)	\$65.00
2261	Stop Smoking Program	\$65.00
2262	Cardiac Prevention and Rehabilitation	\$65.00
2263	Diabetic Education	\$65.00
2264	Approved First Aid Course	\$65.00
	Approved Health Screening (where no Medicare benefit is payable)	\$50.00

*Per person per membership year.

Other health related services as may be approved by the Board of Directors from time to time.

Ref.	Item	Max. Benefit*
various	Approved Health Management Programs	\$65.00

*Per person per membership year.

2.22. Other Special

Home Nursing and Midwifery

Home Nursing Visits must be ordered by a registered medical practitioner. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2100	Home Nursing Visit – per registered nurse visit	\$35.00
2101	Home Nursing per day (not less than 6 hours)	\$80.00
2110	Ante-natal visit (limit of ten (10) per confinement)	\$25.00
2110	Post-natal visit (limit of ten (10) per confinement)	\$25.00
2112	Confinement delivery at home or in a registered hospital (except in cases where a medical practitioner is required to intervene and take over delivery).	\$310.00

Chronic Disease Management Programs

Chronic Disease Management Programs are only available when both an eligible extras product and a CDHBF hospital cover is held.

Programs must be an eligible program approved by the Board of Directors from time to time and undertaken on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover:

Item	Max. Benefit*
Kieser Hip and Knee Osteoarthritis Care Plan	2,950.00*
Kieser Spinal Care Plan	3,529.00*
Other approved Chronic Disease Management Programs	2,500.00*

*Per person per membership year.

Non-hospital accommodation

Payable to a Spouse, Dependant or parent of a Member who is a patient of a Hospital. A medical practitioner must certify the need for such person to accompany the patient to enhance the patient's recovery. Benefit is payable only when the patient is hospitalised at least 150 kilometres from their permanent residence. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2130	Non-hospital accommodation - per night	\$45.00

Patient Accommodation

When treatment received as a non-Inpatient. Benefit payable to a non-Inpatient who receives treatment on the basis of choice as a non-patient. Benefit payable when certified by a medical practitioner that the patient should be accommodated near source of treatment to enhance recovery. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2131	Per night > 150kms from permanent residence	\$100.00
2132	Per night < 150kms from permanent residence	\$25.00

3. Hunter Extras Table (H)

3.1. Eligibility

All persons in Australia over age 18 are eligible to apply to contribute. Refer also to General Conditions.

3.2. Combined Limits

The following Combined Limits apply to this cover:

Services	Per person per membership year [^]
Physiotherapy Speech Therapy Orthoptic Therapy Occupational Therapy	\$700.00
Chiropractic Osteopathy Podiatry (Chiropody) Acupuncture Remedial massage Hypnotherapy Clinical Psychology Dietetics	\$480.00
Optical (cumulative limit)	\$299.00
Non-PBS Pharmaceuticals	\$700.00
Non-Surgical Appliances	\$100.00
Surgical Appliances	\$100.00
Mechanical Appliances	1 item and \$400
Implants	\$100.00
Mechanical Devices	1 item and \$100
Prosthesis and Artificial Aids – Non-Inpatient	\$750.00
Prosthesis and Artificial Aids – Inpatient Jobst Pressure Garment	\$200.00
Healthy Lifestyle Programs	\$100.00 per policy per year + \$299 for other approved Health Management Programs (1 per year)
Chronic Disease Management Programs	1 Program
Home Nursing Midwifery	\$750.00 per calendar year
Non-hospital accommodation	\$300.00
Patient accommodation	\$200.00

[^]unless otherwise indicated

3.3. Dental

For dental services provided by registered general Dentists in private practice Refer to Schedule E (Other Dental). Benefits for Dental Services and Dental Prosthetists Services are limited to the following.

Dental Services	Per person per membership year [^]
Treatment of maxillo-facial injuries	\$220.00
Dentures (overall limit – not per item)	\$900.00
Occlusal therapy	\$220.00
Specialist dental services performed by registered specialist Oral Surgeons, Periodontists, Endodontists and Pedodontists in private practice, who are practicing according to their specialization requirements (935).	\$400.00
Crowns and bridges	\$850.00
Prosthetic services performed by registered dental prosthetist	Complete or partial upper and lower - one every five (5) years. If not claimed from below
Prosthetic services performed by registered dental prosthetist	Complete or partial upper and lower - one every five (5) years. If not claimed from above.
Orthodontic services by registered non-specialist dentist i.e. for treatment by other than orthodontic specialist	\$350.00 and maximum Policy Benefit of \$1000.00
Orthodontic services by a specialist	\$400.00 from year two plus accumulated benefit at rate of \$200.00 per annum thereafter. Maximum benefit per Member per course of treatment \$2,400.00.
Gap-Free Preventative Dental 100% up to twice a year for oral exams (011, 012, 013, 014 and 015), scale and clean (111, 113, 114 and 115), fissures and seals (116).	Up to two visits / services.

[^]unless otherwise indicated

3.4. Optical

For optical items or services provided by registered optometrists or optical dispensers the Benefits are as follows. Refer also to Combined Limits applicable to this cover

Ref.	Item	Max. Benefit
2140	Spectacle Frames	Total limit \$299.00 per person per membership year.
2141	Stock Supply Single Sighted Lens (one lens)	
2142	Prescription made Single Sighted Lens (two lenses)	
2143	Bifocal (two lenses)	
2144	Multifocal (two lenses)	
2145	Contact Lenses - Hard Spherical	
2146	Contact Lenses - Hard Spherical	

2147	Contact Lenses - Hard Toric	
2148	Contact Lenses - Hard Toric	
2149	Contact Lenses - Soft Therapeutic Lenses	
2150 (842)	Contact Lenses Soft Hydrophilic Spherical	
2151 (852)	Contact Lenses Soft Hydrophilic Toric	
2152	Disposable Contact Lenses	
2156	Irlen Lenses	\$50.00 per person per membership year.
2153	Frame Repairs	
2154	Lens Repairs	

- (a) Repairs to frames and lenses are repair per Member per Membership Year.
- (b) Benefits for optical items or services shall not be provided for sunglasses or for items provided where no sight correction was necessary. Benefits shall also not be payable if the prescription for the optical item is not submitted with the claim.

3.5. Orthoptic

When provided by a Registered or Recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2220	Initial consultation and treatment	\$32.00
2222	Subsequent visits	\$30.00
2225	Standard hospital consultation and treatment	\$15.00

3.6. Physiotherapy

When provided by a registered practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2200	Initial consultation and treatment	\$40.00
2203	Subsequent visits	\$36.00
2206	Standard hospital consultation and treatment	\$15.00
2231	Hydrotherapy – individual service (not group) ordered by a physiotherapist	\$15.00

3.7. Chiropractic

When provided by Registered practitioners in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2000	Initial consultation	\$26.00
2001	Subsequent visits	\$22.00
2005	X-ray benefit (per members year)	\$70.00

3.8. Osteopathy

Ref.	Item	Max. Benefit
2010	Initial consultation	\$26.00
2011	Subsequent visits	\$22.00

3.1. Exercise Physiology

Ref.	Item	Max. Benefit
2055	Initial consultation	\$26.00
2056	Subsequent visits	\$26.00

3.2. Non-PBS Pharmaceuticals

For pharmaceutical prescriptions not covered by the Pharmaceutical Benefit Scheme a Benefit of the excess cost of the prescription over the current prescription charge up to \$70 per prescription. Refer also to Combined Limits applicable to this cover.

Vaccines – up to \$70.00 when invoiced by a Medical Practitioner and carried out in their practice without producing a script for dispensing at a Pharmacy. Refer also to Combined Limits applicable to this cover.

No benefits are payable for prescriptions, contraceptives or items normally available without a prescription.

3.3. Podiatry (Chiropody)

When performed by a Registered or Recognised podiatrist in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2020 (2030)	Initial consultation	\$26.00
2021 (2031)	Subsequent visits	\$22.00
2022	Removal of Toenail	\$65.00
2023	Wedge Resection of Toenail	\$95.00

3.4. Psychology and Counselling

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2070	Clinical Psychology – per service	\$38.00

3.5. Speech Therapy

When provided by a registered or recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2210	Initial consultation and treatment	\$28.00
2212	Subsequent visits	\$32.00

2215	Standard hospital consultation and treatment	\$15.00
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3.6. Orthotics

When provided by a registered or recognised podiatrist in private practice. Refer also to Combined Limits applicable to this cover.

Excludes arch supports, innersoles, building up of normal shoes or normal shoes with built in arch supports. Appliances and devices must be tailor made for special patient requirements.

Ref.	Item	Max. Benefit*
2160	Orthotic devices - up to 75% of cost	\$150.00
2161	Orthopaedic shoes - up to 75% of cost	\$200.00

*Per person per membership year.

3.7. Dietetics

When the Service is rendered by a Dietician in private practice who is a member of the Dietetics Association of Australia. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2090	Per service	\$26.00

3.8. Occupational Therapy

When carried out by a Registered or Recognised Practitioner in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2230	Per service	\$28.00

3.9. Remedial Massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$40.00

3.10. Acupuncture

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2040 or 2041	Consultation	\$35.00

3.11. Other Therapies - Hypnotherapy

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2060	Per session	\$25.00

3.12. Prostheses and Appliances

APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2177	Surgical Appliances - up to 75% of cost
2178	Braces - up to 75% of cost
2179	Corsets - up to 75% of cost
2180	Surgical Stockings - up to 75% of cost
2182	Lymphoedema Garment / Stocking - up to 75% of cost

IMPLANTS

Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2181	Oestrogen Implant	\$60.00

MECHANICAL APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2167	Bed Wetter Alarm - up to 75% of cost
2168	Glucose Testing Machine - up to 75% of cost
2172	Tens Machine (Electro Aqua Pulsar) - up to 75% of cost
2186	Nebulisers - up to 75% of cost
2187	Blood Pressure Monitor - up to 75% of cost

MECHANICAL DEVICES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2163	Ear Thermometer (specified for serious illness) - up to 75% of cost
2173	Ioniser - up to 75% of cost

PROSTHETIC APPLIANCES AND ARTIFICIAL AIDS

NON-INPATIENT

Benefit is not payable should an amount be recoverable from any other source or if the item is available from another source. Refer also to Combined Limits applicable to this cover.

Ref.	Item
2188	Hearing Aids – lesser of up to 75% of cost or \$500.00

2189	Wigs – lesser of up to 75% of cost or \$500.00
2190	Breast Prosthesis – lesser of up to 75% of cost or \$500.00
2191	Sleep Apnoea Machine – lesser of up to 75% of cost or \$500.00
2192	Walking Frame (specially made) – lesser of up to 75% of cost or \$500.00
2193	Wheelchairs – lesser of up to 75% of cost or \$500.00

INPATIENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2175	Prosthetic Appliance or Artificial Aid - lesser of up to 75% of cost or \$100.00

JOBST PRESSURE GARMENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2176	Prosthetic Appliance or Artificial Aid - up to 75% of cost

3.13. Prevention Health Management

HEALTHY LIFESTYLE PROGRAM

Programs must be on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit*
2260	Weight Management (not meals or special foods)	\$50.00
2261	Stop Smoking Program	\$100.00
2262	Cardiac Prevention and Rehabilitation	\$50.00
2263	Diabetic Education	\$50.00
2264	Approved First Aid Course	\$50.00
	Approved Health Screening (where no Medicare benefit is payable)	\$50.00

*Per person per membership year.

Other health related services as may be approved by the Board of Directors from time to time:

Ref.	Item	Max. Benefit*
various	Approved Health Management Programs	\$299.00

*Per person per membership year.

3.14. Other Special

Home Nursing and Midwifery

Home Nursing Visits must be ordered by a registered medical practitioner. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2100	Home Nursing Visit – per registered nurse visit	\$16.00
2101	Home Nursing per day (not less than 6 hours)	\$75.00
2110	Ante-natal visit (limit of ten (10) per confinement)	\$15.00
2110	Post-natal visit (limit of ten (10) per confinement)	\$15.00
2112	Confinement delivery at home or in a registered hospital (except in cases where a medical practitioner is required to intervene and take over the delivery).	\$250.00

Chronic Disease Management Programs

Chronic Disease Management Programs are only available when both an eligible extras product and a CDHBF hospital cover is held.

Programs must be an eligible program approved by the Board of Directors from time to time and undertaken on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover:

Item	Max. Benefit*
Kieser Hip and Knee Osteoarthritis Care Plan	2,950.00*
Kieser Spinal Care Plan	3,529.00*
Other approved Chronic Disease Management Programs	2,500.00*

*Per person per membership year.

Non-hospital accommodation

Payable to a Spouse, Dependant or parent of a Member who is a patient of a Hospital. A medical practitioner must certify the need for such person to accompany the patient to enhance the patient's recovery. Benefit is payable only when the patient is hospitalised at least 150 kilometres from their permanent residence. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2130	Non-hospital accommodation - per night	\$35.00

Patient Accommodation

When treatment received as a non-Inpatient. Benefit payable to a non-Inpatient who receives treatment on the basis of choice as a non-patient. Benefit payable when certified by a medical practitioner that the patient should be accommodated near source of treatment to enhance recovery. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2131	Per night > 150kms from permanent residence	\$100.00
2132	Per night < 150kms from permanent residence	\$20.00

4. Ideal Extras Table (J)

4.1. Eligibility

All persons in Australia over age 18 are eligible to apply to contribute. This cover is ONLY available to members who also hold a Hospital Table cover. Refer also to General Conditions.

4.2. Combined Limits

The following Combined Limits apply to this cover:

Services	Per person per membership year [^]
Optical	\$185.00
Physiotherapy Speech Therapy Orthoptic Therapy Occupational Therapy	\$400.00
Chiropractic Osteopathy Podiatry (Chiropody)	\$300.00
Acupuncture Remedial massage Hypnotherapy Clinical Psychology Dietetics	\$300.00
Chiropractic Osteopathy Podiatry (Chiropody) Acupuncture Remedial massage Hypnotherapy Clinical Psychology Dietetics	\$600.00
Non-PBS Pharmaceuticals	\$450.00
Patient Accommodation	\$250.00

[^]unless otherwise indicated

4.3. Dental

For dental services provided by registered general Dentists in private practice Refer to Schedule E (Other Dental). Benefits for Dental Services and Dental Prosthetists Services are limited to the following.

Dental Services	Per person per membership year [^]
Specialist dental services performed by registered specialist Oral Surgeons, Periodontists, Endodontists and Pedodontists in private practice, who are practicing according to their specialization requirements (935).	Up to 85% of cost of treatment \$400.00 max.

[^]unless otherwise indicated

4.4. Optical

For optical items or services provided by registered optometrists or optical dispensers the Benefits are as follows. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2140	Spectacle Frames	\$70.00
2141	Stock Supply Single Sighted Lens	NIL
2142	Prescription made Single Sighted Lens	\$75.00
2143	Bifocal	\$90.00
2144	Multifocal	\$115.00
2145	Contact Lenses - Hard Spherical	NIL
2146	Contact Lenses - Hard Spherical	NIL
2147	Contact Lenses - Hard Toric	NIL
2148	Contact Lenses - Hard Toric	NIL
2149	Contact Lenses - Soft Therapeutic Lenses	NIL
2150 (842)	Contact Lenses Soft Hydrophilic Spherical	\$140.00
2151 (852)	Contact Lenses Soft Hydrophilic Toric	\$185.00
2152	Disposable Contact Lenses	\$135.00
2156	Irlen Lenses	NIL
2153	Frame Repairs - 50% of the appliance Benefit	NIL
2154	Lens Repairs - 50% of the appliance Benefit	NIL

- (a) When only one lens is provided a Benefit of half the amount specified above is payable.
- (b) Benefits for optical items are for spectacles or contact lenses per person per Membership Year. Repairs to frames and lenses are repair per Member per Membership Year.
- (c) Benefits for optical items or services shall not be provided for sunglasses or for items provided where no sight correction was necessary. Benefits shall also not be payable if the prescription for the optical item is not submitted with the claim.

4.5. Orthoptic

When provided by a Registered or Recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2220	Initial consultation and treatment	\$36.00
2222	Subsequent visits	\$30.00
2225	Standard hospital consultation and treatment	NIL

4.6. Physiotherapy

When provided by a registered practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2200	Initial consultation and treatment	\$36.00
2203	Subsequent visits	\$30.00
2206	Standard hospital consultation and treatment	NIL
2231	Hydrotherapy – individual service (not group) ordered by a physiotherapist	NIL

4.7. Chiropractic

When provided by Registered practitioners in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2000	Initial consultation	\$26.00
2001	Subsequent visits	\$22.00
2005	X-ray benefit (per members year)	\$26.00

4.8. Osteopathy

Ref.	Item	Max. Benefit
2010	Initial consultation	\$26.00
2011	Subsequent visits	\$22.00

4.9. Non-PBS Pharmaceuticals

For pharmaceutical prescriptions not covered by the Pharmaceutical Benefit Scheme a Benefit of the excess cost of the prescription over the current prescription charge up to \$50 per prescription. Refer also to Combined Limits applicable to this cover.

No benefits are payable for prescriptions, contraceptives or items normally available without a prescription.

4.10. Podiatry (Chiropody)

When performed by a Registered or Recognised podiatrist in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2020 (2030)	Initial consultation	\$25.00
2021 (2031)	Subsequent visits	\$22.00
2022	Removal of Toenail	NIL
2023	Wedge Resection of Toenail	NIL

4.11. Psychology and Counselling

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2070	Clinical Psychology – per service	\$25.00

4.12. Remedial massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$30.00

4.13. Speech Therapy

When provided by a registered or recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2210	Initial consultation and treatment	\$36.00
2212	Subsequent visits	\$30.00
2215	Standard hospital consultation and treatment	NIL

4.14. Orthotics

When provided by a registered or recognised podiatrist in private practice. Refer also to Combined Limits applicable to this cover.

Excludes arch supports, innersoles, building up of normal shoes or normal shoes with built in arch supports. Appliances and devices must be tailor made for special patient requirements.

Ref.	Item	Max. Benefit*
2160	Orthotic devices - up to 75% of cost	NIL
2161	Orthopaedic shoes - up to 75% of cost	NIL

*Per person per membership year.

4.15. Dietetics

When the Service is rendered by a Dietician in private practice who is a member of the Dietetics Association of Australia. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2090	Per service	\$25.00

4.16. Occupational Therapy

When carried out by a Registered or Recognised Practitioner in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2230	Per service	\$28.00

4.17. Remedial Massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$20.00

4.18. Acupuncture

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2040 or 2041	Consultation	\$25.00

4.19. Other Therapies - Hypnotherapy

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2060	Per session	\$25.00

Patient Accommodation

When treatment received as a non-Inpatient. Benefit payable to a non-Inpatient who receives treatment on the basis of choice as a non-patient. Benefit payable when certified by a medical practitioner that the patient should be accommodated near source of treatment to enhance recovery. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2131	Per night > 150kms from permanent residence	\$100.00

5. Healthy Extras Table (W)

5.1. Eligibility

All persons in Australia over age 18 are eligible to apply to contribute. Refer also to General Conditions.

5.2. Combined Limits

The following Combined Limits apply to this cover:

Services	Per person per membership year [^]
Optical	\$500.00 per policy per year
Chiropractic Physiotherapy Podiatry (Chiropody)	\$300.00
Acupuncture Remedial massage Hypnotherapy Dietetics Occupational Therapy	\$150.00 \$300.00 Membership Limit
Non-PBS Pharmaceuticals Clinical Psychology Glucose Monitor	\$400.00
Non-PBS Pharmaceuticals	\$400.00
Non-Surgical Appliances	NIL Benefit
Surgical Appliances	NIL Benefit
Mechanical Appliances Jobst Pressure Garment	1 item and \$200
Implants	NIL Benefit
Mechanical Devices	1 item and \$100
Prosthesis and Artificial Aids – Non-Inpatient	NIL Benefit
Prosthesis and Artificial Aids – Inpatient	NIL Benefit
Chronic Disease Management Programs	1 Program
Healthy Lifestyle Program	\$180.00 per policy per year
Home Nursing Midwifery	\$150.00
Non-hospital accommodation	\$250.00
Patient accommodation	\$250.00

[^]unless otherwise indicated

5.3. Dental

For dental services provided by registered general Dentists in private practice Refer to Schedule E (Other Dental). Benefits for Dental Services and Dental Prosthetists Services are limited to the following.

Dental Services	Per person per membership year [^]
Treatment of maxillo-facial injuries	\$150.00
Dentures (overall limit – not per item)	NIL Benefit
Occlusal therapy	\$150.00
Specialist dental services performed by registered	\$200.00

specialist Oral Surgeons, Periodontists, Endodontists and Pedodontists in private practice, who are practicing according to their specialization requirements (935).	
Crowns and bridges (611-659).	\$600.00
Prosthetic services performed by registered dental prosthetist (PR680-PR689).	NIL Benefit
Orthodontic services by registered non-specialist dentist i.e. for treatment by other than orthodontic specialist (811-878).	\$100.00 Membership Limit \$700
Orthodontic services by a specialist (881).	\$100.00 Accumulated benefit at rate of \$100.00 per annum. Maximum benefit per Member per course of treatment \$1,200.00.

^unless otherwise indicated

5.4. Optical

For optical items or services provided by registered optometrists or optical dispensers the Benefits are as follows. Refer also to Combined Limits applicable to this cover

Ref.	Item	Max. Benefit*
2140	Spectacle Frames	100%
2141	Stock Supply Single Sighted Lens	
2142	Prescription made Single Sighted Lens	
2143	Bifocal	
2144	Multifocal	
2145	Contact Lenses - Hard Spherical	
2146	Contact Lenses - Hard Spherical	
2147	Contact Lenses - Hard Toric	
2148	Contact Lenses - Hard Toric	
2149	Contact Lenses - Soft Therapeutic Lenses	
2150 (842)	Contact Lenses Soft Hydrophilic Spherical	
2151 (852)	Contact Lenses Soft Hydrophilic Toric	
2152	Disposable Contact Lenses	
2156	Irlen Lenses	
2153	Frame Repairs - 50% of the appliance Benefit	
2154	Lens Repairs - 50% of the appliance Benefit	

*Per person per membership year

- (a) Repairs to frames and lenses are repair per Member per Membership Year.
- (b) Benefits for optical items or services shall not be provided for sunglasses or for items provided where no sight correction was necessary. Benefits shall also not be payable if the prescription for the optical item is not submitted with the claim.

5.5. Orthoptic

When provided by a Registered or Recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2220	Initial consultation and treatment	\$33.00
2222	Subsequent visits	\$30.00
2225	Standard hospital consultation and treatment	\$15.00

5.6. Physiotherapy

When provided by a registered practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2200	Initial consultation and treatment	\$36.00
2203	Subsequent visits	\$30.00
2206	Standard hospital consultation and treatment	\$15.00
2231	Hydrotherapy – individual service (not group) ordered by a physiotherapist	\$15.00

5.7. Chiropractic

When provided by Registered practitioners in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2000	Initial consultation	\$38.00
2001	Subsequent visits	\$32.00
2005	X-ray benefit (per members year)	\$26.00

5.8. Osteopathy

Ref.	Item	Max. Benefit
2010	Initial consultation	\$26.00
2011	Subsequent visits	\$26.00

5.9. Exercise Physiology

Ref.	Item	Max. Benefit
2055	Initial consultation	\$20.00
2056	Subsequent visits	\$20.00

5.10. Non-PBS Pharmaceuticals

For pharmaceutical prescriptions not covered by the Pharmaceutical Benefit Scheme a Benefit of the excess cost of the prescription over the current prescription charge up to \$21 per prescription. Refer also to Combined Limits applicable to this cover.

Vaccines – up to \$21 when invoiced by a Medical Practitioner and carried out in their practice without producing a script for dispensing at a Pharmacy. Refer also to Combined Limits applicable to this cover.

No benefits are payable for prescriptions, contraceptives or items normally available without a prescription.

5.11. Podiatry (Chiropody)

When performed by a Registered or Recognised podiatrist in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2020 (2030)	Initial consultation	\$33.00
2021 (2031)	Subsequent visits	\$27.00
2022	Removal of Toenail	\$36.00
2023	Wedge Resection of Toenail	\$50.00

5.12. Psychology and Counselling

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2070	Clinical Psychology – per service	\$40.00

5.13. Speech Therapy

When provided by a registered or recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2210	Initial consultation and treatment	\$28.00
2212	Subsequent visits	\$32.00
2215	Standard hospital consultation and treatment	\$15.00

5.14. Orthotics

When provided by a registered or recognised podiatrist in private practice.

Excludes arch supports, innersoles, building up of normal shoes or normal shoes with built in arch supports. Appliances and devices must be tailor made for special patient requirements.

Ref.	Item	Max. Benefit*
2160	Orthotic devices - up to 75% of cost	\$100.00
2161	Orthopaedic shoes - up to 75% of cost	\$100.00

*Per person per membership year.

5.15. Dietetics

When the Service is rendered by a Dietician in private practice who is a member of the Dietetics Association of Australia. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2090	Per service	\$25.00

5.16. Occupational Therapy

When carried out by a Registered or Recognised Practitioner in Private Practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2230	Per service	\$28.00

5.17. Remedial Massage

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2050	Per service	\$30.00

5.18. Acupuncture

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2040 or 2041	Consultation	\$27.00

5.19. Other Therapies - Hypnotherapy

When provided by a recognised practitioner in private practice. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2060	Per session	\$20.00

5.20. Prostheses and Appliances

MECHANICAL APPLIANCES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2167	Bed Wetter Alarm - up to 75% of cost
2168	Glucose Testing Machine - up to 75% of cost
2172	Tens Machine (Electro Aqua Pulsar) - up to 75% of cost
2186	Nebulisers - up to 75% of cost
2187	Blood Pressure Monitor - up to 75% of cost

MECHANICAL DEVICES

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2173	Ioniser - up to 75% of cost

PROSTHETIC APPLIANCES AND ARTIFICIAL AIDS

JOBST PRESSURE GARMENT

Refer also to Combined Limits applicable to this cover.

Ref.	Item
2176	Prosthetic Appliance or Artificial Aid - up to 75% of cost

5.21. Prevention Health Management

HEALTHY LIFESTYLE PROGRAM

Programs must be on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit*
2260	Weight Management (not meals or special foods)	\$60.00
2261	Stop Smoking Program	\$60.00
2262	Cardiac Prevention and Rehabilitation	\$60.00
2263	Diabetic Education	\$60.00
2264	Approved First Aid Course	\$60.00
	Approved Health Screening (where no Medicare benefit is payable)	\$50.00

*Per person per membership year.

Other health related services as may be approved by the Board of Directors from time to time.

Ref.	Item	Max. Benefit*
various	Approved Health Management Programs	\$60.00

*Per person per membership year.

5.22. Other Special

Home Nursing and Midwifery

Home Nursing Visits must be ordered by a registered medical practitioner. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2100	Home Nursing Visit – per registered nurse visit	\$16.00
2101	Home Nursing per day (not less than 6 hours)	\$75.00
2110	Ante-natal visit (limit of ten (10) per confinement)	\$10.00
2110	Post-natal visit (limit of ten (10) per confinement)	\$10.00
2112	Confinement delivery at home or in a registered hospital (except in cases where a medical practitioner is required to intervene and take over the delivery).	\$250.00

Chronic Disease Management Programs

Chronic Disease Management Programs are only available when both an eligible extras product and a CDHBF hospital cover is held.

Programs must be an eligible program approved by the Board of Directors from time to time and undertaken on the recommendation of a medical practitioner and/or recognised registered health professional. Refer also to Combined Limits applicable to this cover:

Item	Max. Benefit*
Kieser Hip and Knee Osteoarthritis Care Plan	2,950.00*
Kieser Spinal Care Plan	3,529.00*
Other approved Chronic Disease Management Programs	2,500.00*

*Per person per membership year.

Non-hospital accommodation

Payable to a Spouse, Dependant or parent of a Member who is a patient of a Hospital. A medical practitioner must certify the need for such person to accompany the patient to enhance the patient's recovery. Benefit is payable only when the patient is hospitalised at least 150 kilometres from their permanent residence. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2130	Non-hospital accommodation - per night	\$25.00

Patient Accommodation

When treatment received as a non-Inpatient. Benefit payable to a non-Inpatient who receives treatment on the basis of choice as a non-patient. Benefit payable when certified by a medical practitioner that the patient should be accommodated near source of treatment to enhance recovery. Refer also to Combined Limits applicable to this cover.

Ref.	Item	Max. Benefit
2131	Per night > 150kms from permanent residence	\$100.00
2132	Per night < 150kms from permanent residence	\$15.00

6. Ambulance Table (Z)

6.1. Eligibility

Refer General Conditions. Policies are available in Single and Family Covers payable half yearly or yearly

6.2. Ambulance Transportation

Benefit is payable for the Member and any persons named on the policy for medically necessary emergency transportation anywhere in Australia. Benefit will be paid at 100% of recognised medical emergency transportation costs where the service is provided by a State Government Service or an Organisation recognised by the Fund.

What is Covered:

Services provided by State Government ambulance transport schemes or their contracted service providers in the following circumstances:

- All services must be medically justified
- Where it is medically necessary to be admitted to hospital
- Inpatient ambulance transfers to another hospital to be closer to home or medically necessary
- Emergency call out to home even if no subsequent admission to hospital.

What is NOT Covered:

Ambulance Table Cover does not provide Benefits when:

- Ambulance transport involving patient movement between public hospitals where one of the hospitals is responsible for the cost.
- Transport to and from hospital when it is not medically necessary and alternative transport is available e.g. taxi, motor vehicle.
- Transport to places including outpatients departments, day centres when the services are not deemed necessary by a medical practitioner.

Benefits for Ambulance transport are not payable where the cost of transportation is recoverable from another source or under an arrangement whereby a member is entitled to receive free emergency ambulance transportation.

Waiting Periods

For accident or emergency cases, Ambulance Cover commences immediately.

A seven (7) day waiting period applies before a member becomes entitled to benefits.

Persons transferring from another health insurer's ambulance cover or changes in cover from Family to single receive immediate cover.