

SCHEDULE B: COMBINED HOSPITAL & GENERAL TREATMENT TABLES

All Tables are Complying Products issued under the health insurance business of the Fund.

Rules applicable to all Combined Hospital & General Treatment Tables

The following sections apply to all Combined Hospital & General Treatment Tables:

1. Hospital Treatment Payments

For in-patient treatment in a shared ward of a Public Hospital, the Minimum Benefit prescribed pursuant to the current *Private Health Insurance (Benefit Requirements) Rules* or, in the absence of such prescription, an amount prescribed by the relevant Health Minister, Department or Authority as the amount payable for that treatment.

If an agreement exists between the Fund and the Public Hospital then the amount specified by the agreement will be payable in respect of the treatment provided to the patient. This amount will be payable in lieu of any prescribed amount.

For services provided in a Private Hospital whether or not an agreement is in place between the Fund and the Hospital in respect of the Hospital Treatment provided to the patient, the minimum benefit is payable at the level of shared ward accommodation in a public hospital.

No benefit is payable for theatre fees.

Section E should be read in conjunction with this section.

2. Medical Services Payments while admitted

Gap Benefits

Benefits are payable on the difference between the Medical Benefits Schedule Fee and the Medicare refund on medical services (including Pathology and Radiology) for inpatients. A standard Gap Medical Benefit of 25% of the Medical Benefit Schedule Fee is payable.

Gap Cover Scheme

In addition to the Standard Gap Medical Benefit, an additional 20% above the Medical Benefits Schedule, payable on services (excluding Pathology and Radiology Services) provided by the Medical Practitioner on individual services (Additional Gap Cover). Where the individual service is above \$200.00 a further 30% benefit is payable totaling 150% of the Medical Benefits Schedule Fee dependent on the charge made (Extra Gap Cover).

In the case of multiple services the net benefit is reduced for each service by the Multiple Services Rule.

Gap Cover benefits are payable where an agreement exists between the Fund and the Medical Practitioner in respect of the service provided while an inpatient. This extends to agreements between the Fund and a Hospital or billing entity, where that agreement implicitly includes the Medical Practitioner.

Where the Medical Practitioner / billing entity directly bills the Fund using the Fund Gap Scheme and has followed the Fund's guidelines in respect of using the scheme the Gap Cover Scheme benefit will be payable.

Where the Medical Practitioner does not directly bill the Fund then the Medical Practitioner must provide such financial disclosures to the patient / member as required by the Fund Gap Cover Scheme for the Gap Cover benefit to be payable.

Special benefits are available for certain item numbers in the Medical Benefits Schedule that relate to Obstetric Services.

Section E should be read in conjunction with this section.

3. Surgically Implanted Prosthesis

Prosthetic Benefits as prescribed pursuant to the *Private Health Insurance (Prostheses) Rules 2007* (as amended from time to time) or as prescribed in an agreement with the Hospital or, in the absence of a prescription, the amount indicated in the most recent Schedule for Surgically Implanted Prostheses produced by the Commonwealth Department of Health and Aged Care.

Where the Prosthetic Item is not listed in the Schedule then the advice as to the clinical relevance of the procedure is obtained from the Medical Adviser. Benefit up to 100% of the cost of service as recommended by Advisor may then be paid, at the discretion of the Fund.

4. Pharmaceutical Benefits Scheme PBS Pharmaceuticals

All costs that a Member incurs for pharmaceutical items dispensed to the Member while the Member is an admitted patient at the Hospital or Day Hospital Facility with which the Fund has a Hospital Purchaser Provider Agreement. The costs that are incurred for pharmaceutical items are contingent upon whether the Member has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.

A pharmaceutical item is defined as any medicine listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Aged Care) that is dispensed to the Member. A pharmaceutical item 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.

The Fund also covers the costs that a Member incurs for special patient contributions, brand premiums and therapeutic group premiums listed in the Schedule of Pharmaceutical Benefits that apply to certain pharmaceutical items, regardless of whether the Member has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.

The Fund covers costs for pharmaceutical items up to a maximum quantity dispensed. The maximum quantity covered is as listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Aged Care), or as recorded on an Authority Prescription Form (and authorised by the Medicare) 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.

Where the cost to a Member for a drug or medicinal preparation listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Aged Care) is less than the pharmaceutical benefit co-payment (as determined by the Commonwealth Department of Health and Aged Care), these drugs are not considered to be pharmaceutical items and are not covered by the Fund under this section of the Rules.

5. Non PBS Pharmaceuticals

The cost of most non-Pharmaceutical Benefits dispensed to the Member while the Member is an admitted patient at the Hospital or Day Hospital Facility with which the Fund has a Hospital Purchaser Provider Agreement is covered as part of the agreed payment to the Hospital or Day Hospital facility provided that the pharmaceuticals directly relate to the reason for the Member's admission. The non-pharmaceutical Benefit must be intrinsic to the Hospital treatment provided, clinically indicated and essential for the meeting of satisfactory health outcomes for the Member.

The agreed benefit does not include non-Pharmaceutical Benefits that are dispensed to the Member where these are not directly related to treatment of the condition or ailment for which the Member has been admitted and does not cover non-Pharmaceutical Benefits dispensed to the Member for discharge from Hospital.

Under some exceptional circumstance where use of an unusually high cost non-Pharmaceutical Benefit is proposed, this may not be covered by the agreement. In such exceptional circumstances, the Fund may consider making some contribution towards the expense on presentation of documentary evidence satisfactory to the Fund justifying the expenditure. The Fund does not guarantee that the cost of a high cost non-Pharmaceutical Benefit will be met either in whole or in part by the Fund on any occasion and there is a possibility that a Member may in some circumstances be required to pay all or part of the cost.

6. Nursing Home Type Patients

The Benefits prescribed pursuant to the *Private Health Insurance Act 2007*.

7. Co-Payments

No co-payments apply.

8. Other Special

If a Member resides in New South Wales or the Australian Capital Territory an entitlement from the respective State or Territory Governments of ambulance transport free of charge anywhere in Australia provided that a valid levy has been raised against the Fund for the provision of this service.

9. Overseas Health Care

No Benefit is payable for Overseas Health Care.

10. 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

11. 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 Combined Hospital and General Treatment Tables

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

1. Top Gold Hospital and Supplementary Table (EHS)

1.1 Eligibility

Not for sale (product closed 1 April 2016).

Policy holders and their dependants with an existing policy under this table as at 1 April 2016 can remain on this table, however should a policy holder withdraw from this table they are not eligible to rejoin this table.

Also refer to the General Conditions.

1.2 Excesses

A policy holder may elect to contribute a lesser premium based on the following two (2) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.

For either option the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

1.3 Restrictions and Exclusions

C	Benefits apply.
R	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
E	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	C	
Hospital Psychiatric Services	C	
Palliative Care	C	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	

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Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	
Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	C	
Joint replacements	C	
Dialysis for chronic kidney failure	C	
Pregnancy and birth	C	
Assisted reproductive services	C	
Weight loss surgery	C	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

1.4 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
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	\$200.00
Jobst Pressure Garment	
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

1.5 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
Occlusal therapy	\$220.00

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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

1.6 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) 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.

1.7 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

1.8 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

1.9 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

1.10 Osteopathy

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

1.11 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.

1.12 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

1.13 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

1.14 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

1.15 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

1.16 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.

1.17 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

1.18 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

1.19 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

1.20 Acupuncture

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

Ref.	Item	Max. Benefit
2041	Consultation	\$35.00

1.21 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

1.22 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
2186	Hearing Aids – lesser of up to 75% of cost or \$500.00
2187	Wigs – lesser of up to 75% of cost or \$500.00
2188	Breast Prosthesis – lesser of up to 75% of cost or \$500.00
2189	Sleep Apnoea Machine – lesser of up to 75% of cost or \$500.00
2190	Walking Frame (specially made) – lesser of up to 75% of cost or \$500.00
2191	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

1.23 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

*Per person per membership year.

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

1.24 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	\$1000.00
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

1.25 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

Maternity kits

When paid to a Hospital or registered chemist. Limited to one per membership per Membership Year. Benefit only allow to Member with continuous Membership commencing prior to September 2015.

Ref.	Item	Max. Benefit
2120	Maternity Kits	\$20.00

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	Patient accommodation - per night > 150kms from permanent residence	\$30.00
2132	Patient accommodation - per night < 150kms from permanent residence	\$20.00

2. Bronze+ Packaged (SY)

2.1 Eligibility

Refer to General Conditions.

2.2 Excesses

This cover is available as a nil excess product.

2.3 Restrictions and Exclusions

C	Benefits apply.
R	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
E	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	R	
Hospital Psychiatric Services	R	
Palliative Care	R	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	
Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	
Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	E	
Lung and Chest	E	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	E	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	E	

Joint replacements	E	
Dialysis for chronic kidney failure	E	
Pregnancy and birth	E	
Assisted reproductive services	E	
Weight loss surgery	E	
Insulin pumps	E	
Pain management with device	E	
Sleep studies	E	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

2.4 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

[^]unless otherwise indicated

2.5 Dental

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

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

Dental Services	Per person per membership year [^]
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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.
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^unless otherwise indicated

2.6 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.

2.7 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

2.8 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

2.9 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

2.10 Osteopathy

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

2.11 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.

2.12 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

2.13 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

2.14 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

2.15 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

2.16 Orthotics

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

Excludes arch supports, insoles, 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.

2.17 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

2.18 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

2.19 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

2.20 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	\$25.00
2041	Subsequent consultation	\$22.00

2.21 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