

MILDURA HEALTH FUND PRODUCT SUMMARY MID EXTRAS COVER

| EXTRAS BENEFIT TABLE CONTINUED | | | MID EXTRAS | | |
|---------------------------------------|---|----------------|------------------------------------|------------|--------------------------------|
| SERVICE | | WAITING PERIOD | BENEFIT | SUB-LIMIT* | CALENDAR YEAR LIMIT |
| Health Aids & Appliances [^] | Blood Glucose Monitor | 36 months | \$200 (every 3 years) | x | \$1000 person \$2000 family |
| | Blood Pressure Monitor | 36 months | \$150 (every 3 years) | | |
| | TENS Machine | 36 months | \$150 (every 3 years) | | |
| | Nebuliser | 36 months | \$150 (every 3 years) | | |
| | CPAP (Machine only) | 36 months | \$400 (every 3 years) | | |
| | Hearing Aid | 36 months | \$770 (every 5 years) | | |
| | Braces & Splints | 12 months | 75% up to \$500 (every 3 years) | | |
| | CAM Boot | 12 months | 75% up to \$500 (every 3 years) | | |
| | Artificial limbs & prosthesis | 12 months | 75% up to \$500 (every 2 years) | | |
| | Crutches, walking frame & walking stick | 12 months | 75% up to \$35 (every 2 years) | | |
| | Wigs ⁺ | 12 months | 75% up to \$250 (every 2 years) | | |
| | Compression Garments ⁺ | 12 months | 75% up to \$250 (every 2 years) | | |

[^] Health Aids and Appliances must be medically necessary and for the treatment of specific conditions.
⁺ Conditions apply, sport and pregnancy related garments are excluded. Contact the Fund for further information.

Benefits on a whole range of health care services

With our Extras cover you'll get great benefits on a whole range of health care services and treatments that are not covered by your hospital cover or by Medicare.

Offering cover for a range of services such as glasses, physiotherapy, remedial massage and health aids and appliances, can be combined with dental cover. For the full list of services covered, along with the benefits that are payable, see our benefits tables.

There are six levels of Extras to choose from depending on the services you use and your budget. These can be taken on their own or combined with your choice of hospital cover.



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Important benefit information:

OPTICAL BENEFIT

Covers your prescription glasses and contact lenses that have been prescribed by a registered optometrist.

Non-prescription sunglasses are specifically excluded. Your claim for benefits will be processed as at the date you collect or receive your glasses or contact lenses, not the date that they are ordered. Glasses and contact lens maximums apply per calendar year.

AMBULANCE SUBSCRIPTION

Ambulance subscription benefits are payable on the subscription paid to an Ambulance service provider only.

Subscription costs and conditions vary from state to state. See our brochure for ambulance provider information - 'Ambulance Cover Explained.'

FOOT ORTHOTICS

Foot Orthotics must be prepared for the member by a registered podiatrist or a registered orthotist.

Pursuant to a referral from a registered podiatrist or doctor in the course of private practice. Benefits are not payable on pre-fabricated orthotics.

GROUP THERAPY

Group Therapy benefits are only payable when treatment is provided by a registered Physiotherapist, Exercise Physiologist or Clinical Psychologist.

Group treatment is defined as when a patient does not have the provider's exclusive attention for the entire therapy session (e.g. more than one patient).

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HEALTH FUND WE OFFER
OUR MEMBERS BETTER
BENEFITS AND LOWER
PREMIUMS

