

# Freedom Max Extras

Looking after your health should be easier. Health Partners' new Freedom Max Extras give you the flexibility to claim anywhere\* up to annual limits. And a great level of cover for general extras. That's health insurance done right.



#### Claim anywhere

Flexibility to choose where you want to be treated on your included extras, up to annual limits.



#### 100% back on optical

Enjoy 100% back up to your optical limit on prescription eyewear.



#### Unlimited general dental

Look after your dental health with unlimited general dental.

\*Claims made in Australia. Product available to NSW, VIC, QLD, WA, ACT, NT and TAS residents only.


**Dental**

All benefits per person, per calendar year, unless otherwise stated

	Provider	Services	Benefit	Limit	Waiting Period
<b>General Dental</b>	Any recognised provider	Preventative care, extractions and minor repairs such as fillings and fissure seals.	Set benefits. Call us for a quote.	Unlimited	2 months
<b>Major Dental</b>	Any recognised provider	Gum care, root canal, complex fillings, sleep apnoea care, crowns and dentures.	Set benefits. Call us for a quote.	\$1,000	12 months
<b>Orthodontic</b>	Recognised Orthodontist	Specialist dental treatment to help align teeth and jaws. Includes spacers, braces, orthodontic plates and retainers.	100%	Yr 1 - \$900 Yr 2 - \$1,200 <sup>+</sup> Yr 3 - \$1,500 <sup>+</sup> Yr 4 - \$2,000 <sup>+</sup>  <sup>+</sup> A treatment plan will be required.	
	Recognised Dentist		50%	<sup>+</sup> Maximum yearly amount, less previous amounts claimed. Lifetime limit is \$2,000.	


**Optical**

All benefits per person, per calendar year

	Provider	Services	Benefit	Limit	Waiting Period
<b>100% back on Optical</b>	Any recognised provider	Prescription eyewear <sup>#</sup>	100%	\$230	2 months

<sup>#</sup>Prescription eyewear includes prescription glasses, prescription sunglasses, and prescription contact lenses. Also included are the add-ons to your prescription lenses such as tinting and anti-reflective coating.


**Core Therapies**

All benefits per person, per calendar year

Use your Core Therapies limit the way you want. We've bundled the most commonly used therapies, like physio, chiro and osteo, so you have the flexibility to use your limit on therapies that are important to you. Refer to our Member Guide for more information on eligibility.

	Provider	Services <sup>-</sup>	Benefit	Limit	Waiting Period
<b>Physiotherapy, Chiropractic, Osteopathy &amp; Exercise Physiology</b>	Any recognised provider	Initial, long, hospital, home and lymphoedema consultation.	\$50	\$500 \$200 sub-limit applies to group, class and hydrotherapy treatment.	2 months
		Subsequent consultation.	\$40		
		Group, class and hydrotherapy treatment.	\$10		

<sup>-</sup>The benefits apply whether service is provided at home, hospital, clinic or pool for hydrotherapy. Hydrotherapy benefit does not include pool entry fees.



## Ambulance

All benefits per person, per calendar year

	Provider	Services	Benefit	Limit	Waiting Period
<b>100% back on Emergency Ambulance</b>	Any recognised provider	Emergency ambulance service only; Australia-wide coverage for road and air services.	100%	1 up to the value of \$20,000	2 months



## Pharmacy

All benefits per person, per calendar year

	Provider	Services	Benefit	Limit	Waiting Period
<b>Non PBS Pharmaceuticals</b>	Any recognised provider	Private and compounding prescriptions.*	100% up to \$40 after deduction of the PBS General co-payment <sup>^</sup>	\$250	2 months

\*Including vaccinations, hormone implants, allergen implants and IVF-associated drugs.

<sup>^</sup>The General co-payment is the amount you pay towards the cost of your PBS subsidised medicine. Many PBS medicines cost significantly more than the General co-payment amount. The General co-payment amount is set by the Government on 1 January each year.



## Other Therapies

All benefits per person, per calendar year

Use your Other Therapies limit the way you want. We've bundled the less common therapy options together and provided a combined limit to create flexibility, so you can use your limit on therapies that are important to you. Refer to our Member Guide for more information on eligibility.

	Provider	Services	Benefit	Limit	Waiting Period
<b>Podiatry, Dietitian &amp; Eye Therapy</b>	Any recognised provider	Initial consultation.	\$50	\$500	2 months
		Subsequent consultation.	\$40		
<b>Speech Therapy &amp; Occupational Therapy</b>		Initial and subsequent consultation.	\$75		
<b>Psychology</b>		Initial and subsequent consultation.	\$100		



## Aids and Appliances

All benefits per person, per calendar year, unless otherwise stated

	Provider	Services	Benefit	Limit	Sub-limit	Waiting Period
Orthotics	Any recognised provider	Medically necessary aid and appliance. Refer to our Member Guide for more information regarding eligibility.	70%	\$600 sub-limits apply.	\$300 sub-limit annually	12 months
Asthmatic Spray Appliances - Nebuliser & Spacer Devices					\$200 sub-limit. Maximum applicable benefit is limited to once every rolling <sup>a</sup> 3 years.	
Blood Glucose & Blood Pressure Machines					\$250 sub-limit. Maximum applicable benefit is limited to once every rolling <sup>a</sup> 3 years.	
Hearing Aids					\$600 sub-limit. Maximum applicable benefit is limited to once every rolling <sup>a</sup> 3 years.	
Sleep Apnoea Apparatus					\$600 sub-limit. Maximum applicable benefit is limited to once every rolling <sup>a</sup> 3 years.	

<sup>a</sup>A rolling year is defined as a continuous year period following each claimed date of service.



## Wellness

All benefits per person, per calendar year

Use your Wellness limit the way you want. We've bundled the most commonly used therapies that support your overall wellness, so you have the flexibility to use your limit on the therapies that are important to you.

	Provider	Services	Benefit	Limit	Waiting Period
Remedial Massage Chinese Herbalism Myofascial Release Therapeutic Massage Swedish Massage Myotherapy Nutritionist Acupuncture	Any recognised provider	Initial and subsequent consultation.	\$35	\$200	2 months

	Provider	Services	Benefit	Limit	Waiting Period
Bowel Cancer Screening	Any recognised provider	Healthier Living benefits are designed to support members who are looking to improve the way they manage their health condition(s) and overall wellness. Refer to our Member Guide for more information on eligibility.	70%	\$100	2 months
Quit Smoking Program					
Diabetes Association Membership					
Post-natal Lactation Consultation					
Weight Management Program					
Medically Necessary Gym & Fitness Programs					

<sup>†</sup>For approved conditions or when medically necessary, subject to eligibility required, supporting documentation will be required



### Transferring from another fund?

If you have already served your waiting periods for an equivalent level of cover, you will not have to re-serve your waiting periods. If you are transferring to a higher level of cover, waiting periods will only apply to any additional services, treatments, goods and any higher limits. During this time you will receive the same benefits you received on your previous cover – for a Health Partners equivalent cover. Otherwise the waiting periods as shown will apply.

For further details refer to the 'What you need to know about your extras cover' section of the Health Partners Member Guide.



Health Partners is a signatory to the Private Health Insurance Code of Conduct. Go to [privatehealthcareaustralia.org.au/codeofconduct](http://privatehealthcareaustralia.org.au/codeofconduct)

Benefits vary according to cover level. Benefits are subject to the rules, conditions and eligibility criteria as set out in the Member Guide. It is the policyholder's responsibility to understand what is and what is not covered by their health insurance policy, therefore this information should be read in its entirety and retained in conjunction with the Health Partners Member Guide. Information about our Dispute Resolution Process and Health Partners' Privacy Policy can be found in the Member Guide. A Definition & Interpretation section is located in the Member Guide to assist in understanding key terms. If you are requiring treatment, you can call us on 1300 113 113 to check if you are covered and if your provider or chosen hospital is recognised by us.