

Orthodontic Guidelines

The Society financially assists Subscribers whose children are undergoing lengthy and costly orthodontic treatment to straighten dental arches or crooked teeth, to improve breathing, eating or speaking difficulties. The Orthodontic Benefit covers Insured Children only, i.e. up to the end of the year (31 December) in which they turn 21 years of age. Your Policy Document should be read in conjunction with these guidelines.

1.0 30% of orthodontist and associated fees to a maximum of \$750 per Insured Child. The maximum benefit payable for the duration of a Subscriber's membership is \$1500. The benefit covers Insured Children only (i.e. up to the end of the calendar year in which they turn 21 years of age).

1.1 This is the amount payable provided all conditions are met.

1.2 "Associated fees" would include dental surgery for extractions, anaesthetic and clinic fees required due to orthodontic reasons. These fees are not eligible for other HealthCarePlus benefits. "Associated fees" does not include anything arising from the orthodontic procedures such as treatment for decaying teeth, gum disease, repairs or restoration of any kind.

1.3 Eligible orthodontist and associated fees may be aggregated and submitted in one claim.

1.4 Do not wait until the end of the treatment to make a claim. Applications for the benefit should be made progressively as the accounts are paid.

1.5 The recognised date of events for these claims is the earlier of the date of treatment/consultation or the date of the account if periodic payments are made.

2.0 A treatment plan and estimate of the expected total cost is required from the orthodontist.

2.1 *The first application for an orthodontic benefit must be accompanied by a description of the proposed treatment, approximate total cost and expected duration. Please ask the orthodontist to supply the information in writing.*

2.2 These estimates are kept on file for future reference. A separate estimate is required for each Insured Child.

2.3 Where necessary we contact the orthodontist to verify details.

2.4 Any expenses not included in the original estimate will be declined.

2.5 If further treatment is required after the estimated duration, the Subscriber must obtain an additional estimate from the orthodontist.

3.0 *Preliminary consultation and extraction costs will be considered only when a brace or appliance for the straightening of the dental arch(es) has been fitted.*

3.1 After the brace is fitted the previous expenses will be considered.

3.2 Sometimes in the early stages, the orthodontist recommends extraction of some teeth and there is no subsequent fitting of a brace. These extractions and any related consultations are not claimable under the orthodontic benefit.

3.3 The extraction of wisdom teeth at any stage of treatment is excluded.

4.0 Permanent fixtures or devices for other purposes e.g. dentures, thumb crib are excluded.

4.1 False teeth, partial plates, crowns, bridges for a purpose other than straightening of the dental arches are excluded.

4.2 A thumb crib or any other mouth appliance designed to stop a child persisting with a habit which may or may not have a detrimental effect on the teeth or shape of the mouth or anything in the mouth is excluded.

5.0 Where a consultation or treatment occurred prior to the end of the Waiting Period for eligibility (12 months) for this benefit, all subsequent orthodontic expenses in relation to that child are ineligible.

5.1 Treatment is deemed to have commenced from the initial consultation with the orthodontist whether or not further treatment was proposed.

5.2 This does not exclude the treatment of other Insured Children in the family who may consult an orthodontist after the Subscriber's initial Waiting Period.

6.0 Claims

6.1 We do not accept copies or duplicates of receipts or accounts.

6.2 An account is required with each receipt and must show the date the instalment/s was/were due. The date of payment is not relevant and, except for the preliminary consultations, accounts are rarely linked directly to dates of visits.

6.3 "Other Society" regulations apply if the Subscriber or the partner of the Subscriber is intending to make a claim on another organisation and evidence of the amount received must be provided before the HealthCarePlus payment can be calculated. Generally, the percentage refunded from any similar society will be 50% or less. Some medical insurance companies have introduced packages which include orthodontic benefits for families. These must be stated on any applications sent to HealthCarePlus.

6.4 Benefits cannot be claimed in advance. As with all benefits the bills must be paid in order to claim.

6.5 Benefits are paid at the rate current at the time of the treatment or account date, not the claim processing date.

NOTE: The rules for all benefits are subject to change without notice. These guidelines have been compiled from material provided by claims processors and enquiries from Subscribers and are correct as at 18 April 2018. It is impossible to predetermine every facet of the benefit but we hope these guidelines are sufficiently comprehensive for most situations.