




# What plan is best for you?

Make sure the plan you select is the one best suited to you and you family's needs.

	 Primary Care	 Primary Care Extra	 #care4U
<b>DENTAL</b>	Not included	✓ Up to \$250pa	✓ Up to \$250pa
<b>OPTICAL</b>	✓ Up to \$250pa	✓ Up to \$250pa	✓ Up to \$250pa
<b>MEDICAL, SPECIALISTS AND TESTS</b>	✓ Up to \$750pa	✓ Up to \$1,000pa Includes mole mapping plus travel and other vaccinations Increased limit per item on prescription and laboratory fees	✓ Up to \$250pa
<b>COMPLIMENTARY MEDICAL</b>	✓ \$400pa	✓ \$500pa	✓ Up to \$250pa
<b>HOSPITAL TREATMENT</b>	✓ Up to \$700pa	✓ Up to \$1,000pa	Not included
<b>Includes Approved Hospital Cover Policy Excess Reimbursement</b>	Up to \$500pa	Up to \$500pa	
<b>MAJOR DIAGNOSTIC IMAGING</b>	✓ Up to \$600pa	✓ Up to \$600pa	Not included
<b>MEDICAL APPLIANCE</b>	✓ Up to \$400pa	✓ Up to \$400pa	Not included
<b>ORTHODONTIC TREATMENT</b>	✓ Up to \$750 per insured child Up to \$1500 max	✓ Up to \$750 per insured child Up to \$1500 max	Not included
<b>SICK LEAVE WITHOUT PAY GRANT</b>	✓ Up to \$50 per week Max 26 weeks	✓ Up to \$50 per week Max 26 weeks	Not included
<b>BIRTH GRANT</b>	✓ \$200 per birth	✓ \$200 per birth	Not included
<b>BEREAVEMENT GRANT</b>	✓ \$1,000 per life insured	✓ \$1,000 per life insured	Not included

Note: Refer to the policy document for full terms and conditions