

Understanding Health Insurance Extras: Benefits and Considerations



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If you wear glasses, love massage or find yourself at the osteopath, physio or chiropractor on a regular basis, having extras cover as part of your private health insurance can save you quite a few dollars. For some of us, it's simply a peace of mind solution that if we need healthcare then it won't cost us a fortune.

When buying health insurance, you'll be presented with the options of:

- Just private health/hospital without extras
- Just extras
- A package deal that includes both private health/hospital and extras cover

Most of us end up with a package deal that includes extras. Here's a few things for which you may be able to use your extras cover. If you think you'll be able to take advantage of some of these things, your extras cover may be suitable for you.

Cost

Basic extras start from as low as \$25 a month, then up to over \$100 a month if you want a premium cover but this is without the **Government Rebate**. Mid level extras cover is around \$65-\$80 a month. However, depending on your rebate this could then be reduced to under \$35-\$50 a month.

Physio, chiro, natural therapy, massage and

other allied health

Some policies split how you can claim for allied health services while others will have more specific limits on different types of cover. Typically, you'll have a limit of how much you can claim back at each consultation, say up to 60%, then a further annual limit, eg \$500 for a group of services.

Some policies group services such as chiro, physio and osteo with a single annual limit, while other services such as remedial massage and natural therapies are put in another group.

If you see two types of professionals regularly, eg both a chiro and a physio, you may be best off looking for a policy that separates the costs for these two disciplines so you can claim a higher amount back each year.

If you are after specific services such as podiatry, speech therapy or dietetics, you should read the detail of the policy to see if this is covered. To get the best value from your cover, you need to be using it regularly.

Getting new glasses (even sunglasses)

A typical optical limit for extras cover is around \$200 a year. You may also have to serve a waiting period, say six months, before you can claim on this. Generally, you can only claim for prescription glasses (including prescription sunglasses), contact lenses and repairs to your glasses.

The limits are annual and will reset at your date you joined. If you know this date, you can visit your optometrist prior to this date to ensure you get the most value out of your limit, then again after this date. Some people wait until this period every year to get new glasses and split the cost with appointments before and after the date.

Dental checkups

Most of us probably don't go as often as we should to dental check-ups. However, if you are diligent or put off by the cost of dental checkups, then you can get minimal extras cover to lower costs for this. Basic extras cover will typically only cover check-ups, diagnosis and simple extractions.

Other dental

If you think you'll need complex dental such as crowns, bridgework, root canals, dentures or surgical extraction of your wisdom teeth, then you may be better off investing in a high level of extras cover. The basic levels are largely for checkups and very simple work.

Ambulance cover

Read the fine print on your policy carefully. Sometimes a policy will only cover ambulance travel where it is 'medically necessary'. With some policies you can claim 100% of the cost of the ambulance membership back. There may be limit on the cost of ambulance travel (eg \$500), which is lower than the average cost of \$1,100.

Medical devices

If you think or know you'll need a device such as hearing aids, a blood glucose monitor (eg diabetics), sleep apnoea monitor, extremity pump, nebuliser pump or orthopaedic aids (eg knee brace) you can choose cover that will provide some rebate.

Sometimes, medical devices will only be covered in some circumstances, eg after medically necessary surgery – so it's a good idea to check the policy. There will likely be a limit to what you can claim for each device, eg \$500 for hearing aids, and potentially a maximum percentage, eg 50%.

If you feel you are unlikely to require any of these devices then you may be better off financially with a lower level of extras cover that excludes these or has a low rebate.

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