

Wellness Benefit on all options, allowing you access to certain preventative screening tests and which is paid from your in-hospital cover thereby extending your day-to-day benefits

Category	Sub-Category	Age Band	Cost Code	Frequency	Payable Rate
Immunisation Program	Influenza Vaccination	All		Annually	100%
	Baby Immunisation	First 6 years of life		Ministry of Health Protocols	100%
	Tetanus	All		Annually	100%
	Pneumococcal	Age 60 years & older, only high-risk people		Annually	100%
Screening Benefit	- BMI	Adults		Once every year	100%
	- Blood sugar test (finger prick)	Adults		Once every year	100%
	- Blood Pressure test	Adults		Once every year	100%
	- Cholesterol test (finger prick)	Adults		Once every year	100%
Early Detection tests	General physical exam (at a GP)	Adults 30-59 years	0190/0191/0192	1 medical exam every 3 years	100%
		Adults 60-69 years	0190/0191/0192	1 medical exam every 2 years	100%
		Adults 70 yrs. / older	0190/0191/0192	1 medical exam every year	100%
	Pap smear - consultation - pathology test	Females 15 years +	0190/0191/0192	Once every year	100%
		Females 15 years +	4566/4559	Once every year	100%
	Prostate Specific Antigen (PSA) Test (Pathologist)	Males 40-49 years	4519	Every 5 years	100%
		Males 50-59 years	4519	Every 3 years	100%
		Males 60-69 years	4519	Every 2 years	100%
		Males 70 yrs. / older	4519	Every year	100%
	Free prostate Specific Antigen (Free PSA) Only if PSA is raised (Pathologist)	Males 40-49 years	4524	Every 5 years	100%
		Males 50-59 years	4524	Every 3 years	100%
		Males 60-69 years	4524	Every 2 years	100%
		Males 70 yrs. / older	4524	Every year	100%
	Only if finger prick is Raised above 6mmo/L				
	- LDL	Adults	4026	Once every year	100%
	- basic total	Adults	4027	Once every year	100%
	- HDL	Adults	4028	Once every year	100%
	- Triglyceride	Adults	4147	Once every year	100%
	-Lipogram	Adults	4025	Once every year	100%
	Only if finger prick is Raised above 11mmo/L - Blood sugar- Quantative	Adults	4057	Once every year	100%
Mammogram (Includes sonar)	Females 40 yrs. +	34100/34101	Once every 2 yrs.	100%	
Bone Densitometry	Adults 50 yrs. +	3604/50120/ 58531	Once every 3 yrs.	100%	
Glaucoma test	Adults 40-49 yrs.	3002/11202/ 11212/3014	Once every 2 yrs.	100%	
	Adults 50 yrs. +		Once every year		