

Private Health Information Statement - General treatment policy

Top Extras 90

Bupa HI Pty Ltd
http://www.bupa.com.au
134 135

Monthly Premium
\$207.30 #
(before any rebate or insurer discount)

Covers only one person
Available in Western Australia

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

General Treatment Cover

We have agreements with a network of dental practitioners, chiros, physios & podiatrists across Australia called Members First providers. By using them, you'll receive at least 90% back, up to yearly limits. See <http://www.bupa.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Home nursing covers selected services. Step down benefits apply after first 10 total services across Chiropractic and Osteopathy. Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Periodic oral examination (012), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Pharmacy benefit paid after current PBS patient contribution deducted.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|---|--|
| General dental* | 2 | No annual limit | Periodic oral examination - \$41.50 Scale & clean - \$83.50 Fluoride treatment - \$33.00 Surgical tooth extraction - \$132.90 |
| Major dental* | 12 | \$1,200 per policy (combined limit for major dental & endodontic) | Full crown veneered - \$1,200.00 |
| Endodontic | 12 | | Filling of one root canal - \$280.00 |
| Orthodontic | 12 | \$1,400 per policy \$2,800 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge |
| Optical | 2 | \$280 per policy | Single vision lenses & frames - \$262.00 Multi-focal lenses & frames - \$280.00 |
| Non PBS pharmaceuticals* | 2 | \$750 per policy | Per eligible prescription - \$45.00 |
| Physiotherapy | 2 | \$900 per policy | Initial visit - \$49.70 Subsequent visit - \$40.00 |
| Chiropractic | 2 | \$700 per policy (combined limit for chiropractic & osteopathy) | Initial visit - \$37.00 Subsequent visit - \$29.00 |
| Podiatry | 2 | \$750 per policy | Initial visit - \$45.00 Subsequent visit - \$36.00 |
| Psychology | 2 | \$750 per policy | Initial visit - \$132.00 Subsequent visit - \$105.00 |
| Acupuncture | 2 | \$500 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology - Sub-limits apply) | Initial visit - \$38.00 Subsequent visit - \$30.00 |
| Remedial massage | 2 | | Initial visit - \$40.00 Subsequent visit - \$29.00 |
| Hearing aids* | 12 | \$1,200 per policy (combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services - Sub-limits apply) | Hearing aid - 90% of charge |
| Blood glucose monitors* | 12 | | Per monitor - 85% of charge |

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|---------------------------------------|----|-----------------------------------|--|
| Ante-natal/Post-natal classes | 2 | \$450 per policy | Initial visit - \$20.00 Subsequent visit - \$20.00 |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$32.00 Subsequent visit - \$24.00 |
| Dietetics/dietary advice | 2 | \$750 per policy | Initial visit - \$57.00 Subsequent visit - \$34.00 |
| Exercise physiology | 2 | Combined limit - see Acupuncture | Initial visit - \$32.00 Subsequent visit - \$24.00 |
| Eye therapy (orthoptics) | 2 | \$750 per policy | Initial visit - \$46.00 Subsequent visit - \$34.00 |
| Health management / Healthy lifestyle | 6 | \$200 per policy | Health management - 50% of charge |
| Home nursing* | 2 | \$400 per policy | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Occupational therapy | 2 | \$750 per policy | Initial visit - \$98.50 Subsequent visit - \$66.50 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Hearing aids | Orthotics supply & fit - 85% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$37.00 Subsequent visit - \$29.00 |
| Speech therapy | 2 | \$750 per policy | Initial visit - \$103.00 Subsequent visit - \$63.00 |

Online Doctors Appointments, 100% of charge up to the yearly service limit of 3 per person, benefits payable for Blue Online Doctor Appointments only, benefits are not payable for services included in the Medicare Benefit Schedule (MBS), refer to blua.bupa.com.au for more details. Travel 100% up to \$100. Accommodation (per night) \$40 up to \$150. Where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip). Eligibility criteria apply. Ante/Post-natal consultations and courses including lactation consultations, with a Bupa recognised provider in private practice. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits apply for Digital Mental Health. Blood glucose monitors, hearing aids, orthotics, and other health aids, are payable under the Health Appliances category up to \$1200 per year. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year (sub-limit \$600). Hearing aids are payable once every 3 years (sub-limit \$850). To find out about other health appliances included and relevant sub-limits and restrictions, please contact us.

This policy **✗ does not include** General treatment (Extras) cover for

✗ Other treatments - check with your insurer

Other features of this general treatment cover

We recognise your loyalty, by increasing your percentage back by 2% each year at Members First Providers, up to a maximum of 10%. At Non-Members First providers, the set benefit you receive will increase by 2% each year up to a maximum of 10%. For more details or to purchase this product contact Bupa.

Ambulance cover

In Western Australia this policy provides:

Emergency: with no waiting period, limited to 1 services per year.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

You are covered for the costs associated with emergency ambulance transport services (via air or road), including on-the-spot emergency attendances where the service is provided by a Bupa recognised ambulance service capped at one trip for singles and two trips for couples memberships per calendar year. The following ambulance services are recognised by Bupa: ACT Ambulance Service, Ambulance Service of NSW, Ambulance Victoria, Queensland Ambulance Service, South Australia Ambulance Service, St John Ambulance NT, St John Ambulance WA, and Ambulance Tasmania. If you are eligible to claim from another source, a benefit won't be paid by Bupa.

For further information about this policy see

<http://www.bupa.com.au/health-insurance/cover/ambulance>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.