

## Private Health Information Statement - General treatment policy

### All Extras

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

**Monthly Premium**  
**\$150.10<sup>#</sup>**  
 (before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)  
**Available in South Australia**  
**Closed to new members**

<sup>#</sup> 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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

We have agreements with a network of dental practitioners, chiros, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll have lower out-of-pocket costs. 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. Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Periodic oral examination (O12), 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	\$600 per person	Periodic oral examination - \$35.00 Scale & clean - \$75.00 Fluoride treatment - \$24.00 Surgical tooth extraction - \$120.00
Major dental	12	\$350 per person (combined limit for major dental & endodontic)	Full crown veneered - \$350.00
Endodontic	12		Filling of one root canal - \$172.00
Orthodontic	12	\$1,500 per person \$1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge
Optical	2	\$200 per person	Single vision lenses & frames - \$102.00
Non PBS pharmaceuticals*	2	\$300 per person	Per eligible prescription - \$50.00
Physiotherapy	2	\$500 per person	Initial visit - \$27.00 Subsequent visit - \$18.50
Chiropractic	2	\$450 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology & osteopathy - <b>Sub-limits apply</b> )	Subsequent visit - \$16.00
Podiatry*	2	\$250 per person	Subsequent visit - \$19.00
Psychology	2	\$350 per person ( <b>Sub-limits apply</b> )	Initial visit - \$58.50 Subsequent visit - \$42.00
Acupuncture	2	Combined limit - see Chiropractic	Subsequent visit - \$16.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$36.50 Subsequent visit - \$27.50
Hearing aids	12	\$700 per person 1 appliance(s) every 3 years	Hearing aid - \$550.00

Blood glucose monitors	12	\$200 per person 1 appliance(s) every 1 year	Per monitor - \$200.00
Ante-natal/Post-natal classes	2	\$350 per person	Initial visit - \$17.50 Subsequent visit - \$17.50
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - \$24.00 Subsequent visit - \$18.00
Dietetics/dietary advice	2	\$250 per person	Initial visit - \$42.00 Subsequent visit - \$20.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$24.00 Subsequent visit - \$18.00
Eye therapy (orthoptics)	2	\$250 per person	Initial visit - \$30.00 Subsequent visit - \$3.00
Health management / Healthy lifestyle	6	\$100 per person	Health management - 50% of charge
Home nursing*	2	\$350 per person	Initial visit - \$35.00 Subsequent visit - \$35.00
Occupational therapy	2	\$250 per person	Initial visit - \$40.00 Subsequent visit - \$28.00
Orthotics (podiatric orthoses)*	12	\$500 per person (combined limit for orthotics (podiatric orthoses) & other services - <b>Sub-limits apply</b> )	Orthotics supply & fit - \$150.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$31.00 Subsequent visit - \$19.50
Speech therapy	2	\$450 per person	Initial visit - \$63.00 Subsequent visit - \$40.00

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. Orthotics, and other health aids, are payable under the Health Appliances category up to \$500 per year. Sub-limits and restrictions apply. To find out about other health appliances included and relevant sub-limits and restrictions, please contact us.

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

The longer you're with Bupa, the more you get back. For selected services, your yearly limit increases each calendar year, up to a set amount.

## Ambulance cover

In South Australia this policy provides:

**Emergency:** with no waiting period, limited to 2 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.