

Private Health Information Statement - General treatment policy

Extras Super Benefit

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

Monthly Premium
\$169.55 #
 (before any rebate or insurer discount)

Covers only one person
 Available in Tasmania
 Closed to new members

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, 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 *: 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	\$700 per policy	Periodic oral examination - \$29.70 Scale & clean - \$54.00 Fluoride treatment - \$15.30 Surgical tooth extraction - \$81.90
Major dental*	12	\$800 per policy (combined limit for major dental & endodontic)	Full crown veneered - \$775.00
Endodontic	12		Filling of one root canal - \$150.00
Orthodontic	12	\$2,500 per policy \$2,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge
Optical	2	\$250 per policy	Single vision lenses & frames - 90% of charge Multi-focal lenses & frames - 90% of charge
Non PBS pharmaceuticals*	2	\$500 per policy	Per eligible prescription - \$70.00
Physiotherapy	2	\$1,000 per policy (combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services - Sub-limits apply)	Initial visit - \$50.50 Subsequent visit - \$46.50
Chiropractic	2		Initial visit - \$54.00 Subsequent visit - \$34.20
Podiatry*	2		Initial visit - \$72.00 Subsequent visit - \$33.30
Psychology	2		Initial visit - \$138.50 Subsequent visit - \$109.00
Acupuncture	2		Initial visit - \$49.50 Subsequent visit - \$49.50
Remedial massage	2		Initial visit - \$59.50 Subsequent visit - \$65.00
Hearing aids	12	\$700 per policy 1 appliance(s) every 3 years	Hearing aid - \$550.00
Blood glucose monitors	12	\$200 per policy 1 appliance(s) every 1 year	Per monitor - \$200.00
Chinese medicine	2	Combined limit - see Physiotherapy	Initial visit - \$72.00 Subsequent visit - \$72.00

Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - \$64.00 Subsequent visit - \$41.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$49.50 Subsequent visit - \$49.50
Health management / Healthy lifestyle	6	\$100 per policy	Health management - 50% of charge
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$72.00 Subsequent visit - \$54.00
Orthotics (podiatric orthoses)	12	\$500 per policy (combined limit for orthotics (podiatric orthoses) & other services - Sub-limits apply)	Orthotics supply & fit - \$135.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$110.50 Subsequent visit - \$110.50
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$91.00 Subsequent visit - \$64.00

Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits may apply. 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

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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 and family 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.