

## Private Health Information Statement - General treatment policy

### Super Extras

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

**Monthly Premium**  
**\$119.90<sup>#</sup>**  
 (before any rebate or insurer discount)

**Covers 2 adults (and no-one else)**  
**Available in Tasmania**

<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.

### 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 receive up to 60% 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 \*: Blood Glucose monitors are payable once per year, Hearing Aids are payable once every 3 years, yearly limits and waiting periods apply. Home nursing covers selected services. Pharmacy benefit paid after deduction of the PBS co-payment. Dentures payable once every 3 years. Periodic oral examination 012, Scale & Clean 114, Fluoride treatment 121 payable once every 6 months.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$900 per person (no limit on preventative dental)	Periodic oral examination - \$29.00 Scale & clean - \$48.50 Fluoride treatment - \$18.50 Surgical tooth extraction - \$84.00
Major dental*	12	\$900 per person (combined limit for major dental & endodontic)	Full crown veneered - \$738.00
Endodontic	12		Filling of one root canal - \$170.00
Optical	2	\$250 per person	Single vision lenses & frames - \$192.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals*	2	\$400 per person	Per eligible prescription - \$40.00
Physiotherapy	2	\$800 per person (combined limit for physiotherapy, chiropractic & osteopathy)	Initial visit - \$31.50 Subsequent visit - \$23.50
Chiropractic	2		Initial visit - \$31.00 Subsequent visit - \$23.00
Podiatry	2	\$300 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$42.90 Subsequent visit - \$39.00
Psychology	2	\$300 per person (combined limit for psychology, acupuncture, chinese medicine & exercise physiology)	Initial visit - \$100.00 Subsequent visit - \$93.00
Acupuncture	2		Subsequent visit - \$28.60
Remedial massage	2	\$200 per person	Initial visit - \$47.00 Subsequent visit - \$36.00
Hearing aids	12	\$500 per person 1 service(s) every 3 years	Hearing aid - 60% of charge
Blood glucose monitors	12	\$300 per person 1 service(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Psychology	Initial visit - \$31.20 Subsequent visit - \$23.40

Dietetics/dietary advice	2	\$300 per person (combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$55.20 Subsequent visit - \$27.60
Exercise physiology	2	Combined limit - see Psychology	Initial visit - \$31.20 Subsequent visit - \$23.40
Eye therapy (orthoptics)	2	Combined limit - see Dietetics/dietary advice	Initial visit - \$33.60 Subsequent visit - \$24.00
Home nursing*	2	\$250 per person	Initial visit - \$35.00
Occupational therapy	2	Combined limit - see Dietetics/dietary advice	Initial visit - \$59.00 Subsequent visit - \$43.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$38.00 Subsequent visit - \$28.50
Speech therapy	2	Combined limit - see Dietetics/dietary advice	Initial visit - \$75.60 Subsequent visit - \$50.40
Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Travel 100% up to \$100 per person, accommodation (per night) \$40 up to \$150 per person. 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.			

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

<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
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#### Other features of this general treatment cover

You'll get access to higher set benefits at our Optical Partners including a 'no-gap' fixed-priced package experience on glasses, yearly limits and waiting periods apply.

### 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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

#### Other features of this ambulance cover

You are covered for the uncapped 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. 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.