

Private Health Information Statement - General treatment policy

Corporate Choice 70

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

Monthly Premium
\$193.20[#]
 (before any rebate or insurer discount)

Covers 2 adults (and no-one else)
Available in Northern Territory

[#] 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.

Employees/Members of organisations with arrangements with this health insurer

General Treatment Cover

We have agreements with a network of dental practitioners, chiro, 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 *: Periodic oral examination 012, Scale & Clean 114, Fluoride treatment 121 payable once every 6 months. Dentures payable once every 3 years. 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 | \$1,000 per person (no limit on preventative dental) (combined limit for general dental, major dental, endodontic, orthodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), health management / healthy lifestyle, occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & other services - Sub-limits apply) \$2,000 lifetime limit for Orthodontic | Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge Surgical tooth extraction - 70% of charge |
| Major dental* | 12 | | Full crown veneered - 70% of charge |
| Endodontic | 12 | | Filling of one root canal - 70% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge |
| Optical | 2 | \$250 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | Combined limit - see General dental | Per eligible prescription - 70% of charge |
| Physiotherapy | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Chiropractic | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Podiatry | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Psychology | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Acupuncture | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Remedial massage | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Hearing aids* | 12 | Combined limit - see General dental | Hearing aid - 70% of charge |
| Blood glucose monitors* | 12 | Combined limit - see General dental | Per monitor - 70% of charge |

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|---------------------------------------|----|-------------------------------------|---|
| Ante-natal/Post-natal classes | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Chinese medicine | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Exercise physiology | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Eye therapy (orthoptics) | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Health management / Healthy lifestyle | 6 | Combined limit - see General dental | Health management - 70% of charge |
| Occupational therapy | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see General dental | Orthotics supply & fit - 70% of charge |
| Osteopathy | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Speech therapy | 2 | Combined limit - see General dental | Initial visit - 70% of charge Subsequent visit - 70% of charge |

Online Doctor Appointments, 100% of charge up to the yearly service limit of 6 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. 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). Health Management includes claims for Weight Management Programs, Nicotine Replacement Therapy, Health Subscriptions, Gym Memberships, Personal Training and Mole Mapping (including Skin Checks) only. Eligibility criteria applies, contact us for more information. Blood glucose monitors, hearing aids, and other health aids, are payable under the Health Appliances category, which share a yearly limit with other services specified in list. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year. Hearing aids are payable once every 3 years. To find out about other health appliances included and relevant sub-limits and restrictions, please contact us. Dietary covers consultations only, with a recognised Bupa provider.

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

Enjoy flexible limits, providing choice on how to spend your limits for the extras which are grouped together. Optical has a separate limit.

Ambulance cover

In Northern Territory this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

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 uncapped emergency ambulance transport services, 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.