

## Private Health Information Statement - General treatment policy

### Total Extras

see-u by HBF

<https://www.seeuhealthinsurance.com.au>

[info@seeuhealthinsurance.com.au](mailto:info@seeuhealthinsurance.com.au)

1300 499 260

**Monthly Premium**

**\$288.64<sup>#</sup>**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in NSW & ACT

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.

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| 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 - \$39.00<br>Scale & clean - \$77.00<br>Fluoride treatment - \$24.00 |
| Major dental             | 12                      | \$1,600 per person<br>(combined limit for major dental & endodontic)  | Surgical tooth extraction - \$176.00<br>Full crown veneered - \$974.00                         |
| Endodontic               | 12                      |   | Filling of one root canal - \$184.00   |
| Orthodontic              | 12                      | \$900 per person<br>\$2,700 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge    |
| Optical                  | 6                       | \$250 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals  | 2                       | \$570 per person  | Per eligible prescription - \$50.00  |
| Physiotherapy            | 2                       | \$700 per person  | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Chiropractic             | 2                       | \$400 per person<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$52.00<br>Subsequent visit - \$32.00  |
| Podiatry                 | 2                       | \$400 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses))  | Initial visit - \$40.00<br>Subsequent visit - \$33.00  |
| Psychology               | 2                       | \$500 per person<br>(combined limit for psychology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, speech therapy & other services) | Initial visit - \$85.00<br>Subsequent visit - \$65.00  |
| Acupuncture              | 2                       | \$400 per person up to \$250 per service up to \$800 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> ) | Initial visit - \$45.00<br>Subsequent visit - \$27.00  |
| Remedial massage         | 2                       |   | Initial visit - \$27.00<br>Subsequent visit - \$27.00  |
| Hearing aids             | 12                      | \$800 per person<br>1 appliance(s) every 3 years<br>(combined limit for hearing aids, blood glucose monitors & other services - <b>Sub-limits apply</b> )                           | Hearing aid - 80% of charge  |
| Blood glucose monitors   | 12                      |   | Per monitor - 80% of charge  |
| Chinese medicine         | 2                       | Combined limit - see Acupuncture  | Initial visit - \$27.00<br>Subsequent visit - \$27.00  |
| Dietetics/dietary advice | 2                       | Combined limit - see Psychology   | Initial visit - \$51.00<br>Subsequent visit - \$29.00  |

|                                       |    |                                   |   |
|---------------------------------------|----|-----------------------------------|---|
| Exercise physiology                   | 2  | Combined limit - see Psychology   | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Psychology   | Initial visit - \$86.00<br>Subsequent visit - \$86.00 |
| Health management / Healthy lifestyle | 6  | \$250 per person                  | Health management - 50% of charge                     |
| Occupational therapy                  | 2  | Combined limit - see Psychology   | Initial visit - \$59.00<br>Subsequent visit - \$38.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry     | Orthotics supply & fit - 80% of charge                |
| Osteopathy                            | 2  | Combined limit - see Chiropractic | Initial visit - \$52.00<br>Subsequent visit - \$32.00 |
| Speech therapy                        | 2  | Combined limit - see Psychology   | Initial visit - \$80.00<br>Subsequent visit - \$38.00 |

Service Group 1 for Alternative Therapies includes: Acupuncture, Chinese Herbalism, Western Herbal Medicine, Naturopathy, Yoga, Pilates, Tai Chi, and Alexander Technique (\$250 sub-limit applies). Service Group 2 for Alternative Therapies includes: Remedial Massage, Myotherapy and Shiatsu (\$250 sub-limit applies). Total Extras also includes cover for: Western Herbal Medicine (waiting period two months, \$27 benefit for consultations up to sub-limit), Naturopathy (waiting period two months, \$27 benefit for consultations up to sub-limit), Yoga (waiting period two months, \$27 benefit for consultations, \$9 benefit for group classes up to sub-limit), Pilates (waiting period two months, \$27 benefit for consultations, \$9 benefit for group classes up to sub-limit), Tai Chi (waiting period two months, \$27 benefit for consultations up to sub-limit), Shiatsu (waiting period two months, \$27 benefit for consultations up to sub-limit) and Alexander Technique (waiting period two months, \$27 benefit for consultations, \$9 benefit for group classes up to sub-limit). This product also includes coverage for Counselling consultations under the Psychology limit. \*Benefit replacement periods and sub-limits may apply to some Health Aids and Appliances - see insurer for details

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

Extras cover with features including Wellness Benefits, in addition to commonly used services like dental, optical and others. Be rewarded with Loyalty Bonus on common services and receive additional general dental benefits including free dental check ups to help reduce the cost of dental care.

For further information about this policy see

<https://www.seeuhealthinsurance.com.au>

#### Ambulance cover

In NSW & ACT 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.

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<https://www.seeuhealthinsurance.com.au>

#### 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.