# **Private Health Information Statement - General treatment policy**

### **Total Extras**

## see-u by HBF

https://www.seeuhealthinsurance.com.au info@seeuhealthinsurance.com.au 1300 499 260

# Monthly Premium \$116.18 #

(before any rebate or insurer discount)

Covers only one person

Available in Western Australia

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**

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

Exercise physiology	2	Combined limit - see Psychology	Initial visit - \$45.00 Subsequent visit - \$45.00
Eye therapy (orthoptics)	2	Combined limit - see Psychology	Initial visit - \$86.00 Subsequent visit - \$86.00
Health management / Healthy lifestyle	6	\$250 per policy	Health management - 50% of charge
Occupational therapy	2	Combined limit - see Psychology	Initial visit - \$59.00 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 Subsequent visit - \$32.00
Speech therapy	2	Combined limit - see Psychology	Initial visit - \$80.00 Subsequent visit - \$38.00

<sup>\*</sup> 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 <a href="https://www.seeuhealthinsurance.com.au">https://www.seeuhealthinsurance.com.au</a>

#### **Ambulance cover**

In Western Australia 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.

For further information about this policy see

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.

<u>PrivateHealth.gov.au</u> PolicyID: CPS/I3/WAYC10