

## Private Health Information Statement - General treatment policy

### Premium Extras

#### Peoplecare Health Insurance

<http://www.peoplecare.com.au>  
[info@peoplecare.com.au](mailto:info@peoplecare.com.au)  
 1800 808 690

#### Monthly Premium

**\$368.12<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in South Australia

<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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

By using Peoplecare's 'preferred providers' you may have lower out of pocket costs on Dental and Optical treatments and have access to more 'no gap' treatments. A list of 'preferred providers' is available from Peoplecare. See

<https://peoplecare.com.au/Members/Providers/Other-health-providers>.

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                       | \$1,500 per person  | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge<br>Surgical tooth extraction - 80% of charge |
| Major dental            | 12                      | \$1,500 per person<br>(combined limit for major dental & endodontic)  | Full crown veneered - 80% of charge   |
| Endodontic              | 12                      |   | Filling of one root canal - 80% of charge   |
| Orthodontic             | 12                      | \$1,000 per person<br>\$3,000 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge  |
| Optical                 | 6                       | \$300 per person  | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00  |
| Non PBS pharmaceuticals | 2                       | \$500 per person up to \$1,000 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )                                   | Per eligible prescription - \$80.00   |
| Physiotherapy           | 2                       | \$600 per person up to \$1,200 per policy<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services) | Initial visit - \$59.00<br>Subsequent visit - \$59.00   |
| Chiropractic            | 2                       | \$600 per person up to \$1,200 per policy<br>(combined limit for chiropractic & osteopathy)   | Initial visit - \$55.00<br>Subsequent visit - \$55.00   |
| Podiatry                | 2                       | \$500 per person up to \$1,000 per policy   | Initial visit - \$50.00<br>Subsequent visit - \$40.00   |
| Psychology              | 2                       | \$500 per person up to \$1,000 per policy   | Initial visit - \$110.00<br>Subsequent visit - \$90.00  |
| Acupuncture             | 2                       | \$400 per person up to \$800 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & dietetics/dietary advice)                            | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Remedial massage        | 2                       |   | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Hearing aids            | 24                      | \$1,500 per person<br>1 appliance(s) every 5 years  | Hearing aid - 80% of charge   |

|                                       |   |   |   |
|---------------------------------------|---|---|---|
| Blood glucose monitors                | 2 | \$700 per person up to \$1,400 per policy<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors, ante-natal/post-natal classes, home nursing, orthotics (podiatric orthoses) & other services - <b>Sub-limits apply</b> ) | Per monitor - 80% of charge                                       |
| Ante-natal/Post-natal classes         | 2 |   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine                      | 2 | Combined limit - see Acupuncture  | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Dietetics/dietary advice              | 2 | Combined limit - see Acupuncture  | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Exercise physiology                   | 2 | Combined limit - see Physiotherapy  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)              | 2 | Combined limit - see Physiotherapy  | Initial visit - \$59.00<br>Subsequent visit - \$49.00             |
| Health management / Healthy lifestyle | 6 | \$250 per person up to \$500 per policy   | Health management - 80% of charge                                 |
| Home nursing                          | 2 | Combined limit - see Blood glucose monitors   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Occupational therapy                  | 2 | Combined limit - see Physiotherapy  | Initial visit - \$59.00<br>Subsequent visit - \$49.00             |
| Orthotics (podiatric orthoses)        | 2 | Combined limit - see Blood glucose monitors   | Orthotics supply & fit - \$200.00                                 |
| Osteopathy                            | 2 | Combined limit - see Chiropractic   | Initial visit - \$55.00<br>Subsequent visit - \$55.00             |
| Speech therapy                        | 2 | \$500 per person up to \$1,000 per policy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations                          | 2 | Combined limit - see Non PBS pharmaceuticals  | Per service - \$80.00   |

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

Orthotics limited to 1 appliance every 2 financial years.

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/premium-extras.pdf>

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport 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

Unlimited Ambulance covers you Australia wide for land, sea and air transport.

For further information about this policy see

<https://www.peoplecare.com.au/health-insurance/hospital-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.