

Private Health Information Statement - General treatment policy

Extras

**National Health Benefits
Australia Pty Ltd
(onemedifund)**
http://www.onemedifund.com.au
info@onemedifund.com.au
1800 148 626

Monthly Premium
\$97.44 #
(before any rebate or insurer discount)

Covers only one person
Available in All States
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 policy must be purchased with a hospital policy.

By using onemedifund'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 the fund.

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 (Sub-limits apply)	Periodic oral examination - \$50.00 Scale & clean - \$80.00 Fluoride treatment - \$30.00 Surgical tooth extraction - \$200.00
Major dental	12	\$2,650 per policy (Sub-limits apply)	Full crown veneered - \$850.00
Endodontic	2	No annual limit (Sub-limits apply)	Filling of one root canal - \$200.00
Orthodontic	12	\$2,100 per policy \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,100.00
Optical	6	\$275 per policy	Single vision lenses & frames - \$275.00 Multi-focal lenses & frames - \$275.00
Non PBS pharmaceuticals	2	\$500 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)	Per eligible prescription - \$65.00
Physiotherapy	2	\$550 per policy (combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services - Sub-limits apply)	Initial visit - \$60.00 Subsequent visit - \$40.00
Chiropractic	2	\$750 per policy (combined limit for chiropractic, podiatry, acupuncture, remedial massage, dietetics/dietary advice, osteopathy & other services - Sub-limits apply)	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2		Initial visit - \$40.00 Subsequent visit - \$30.00
Psychology	2	\$500 per policy (Sub-limits apply)	Initial visit - \$120.00 Subsequent visit - \$80.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Hearing aids	24	\$1,500 per policy 1 appliance(s) every 5 years	Hearing aid - \$1,500.00

Blood glucose monitors	12	\$130 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - \$130.00
Ante-natal/Post-natal classes	12	\$150 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$90.00 Subsequent visit - \$75.00
Health management / Healthy lifestyle	6	\$150 per policy	Health management - \$150.00
Home nursing	2	\$1,000 per policy	Initial visit - \$45.00 Subsequent visit - \$45.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	\$250 per policy	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Speech therapy	2	\$800 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$65.00

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

Loyalty bonuses apply to Surgical Equipment/Health Aids, Crowns & Bridges, Dentures & Orthodontics after 5yrs continuous cover on this product. Ambulance Cover Nationwide.

For further information about this policy see

<https://www.onemedifund.com.au/siteassets/documents/cover-descriptions/oms/extras.pdf>

Ambulance cover

In All States this policy provides:

Emergency: Unlimited with no waiting period.

Non-emergency: Unlimited transport with no waiting period.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

State schemes provide ambulance services for residents of Tasmania

(https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

For further information about this policy see

<https://www.onemedifund.com.au/siteassets/documents/cover-descriptions/oms/extras.pdf>

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.