

Private Health Information Statement - General treatment policy

Better Extras

Health Partners

<http://www.healthpartners.com.au>
ask@healthpartners.com.au
1300 113 113

Monthly Premium

\$105.00 #

(before any rebate or insurer discount)

Covers only one person
Available in Tasmania

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

Health Partners operates a preferred provider scheme available only in South Australia. See <https://www.healthpartners.com.au/members/providers/>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Health Partners and participating providers are in SA only. If you attend a Health Partners Dental or participating dental provider, higher benefits and 100% back on 2 x dental check-ups, including x-rays, will apply. General, Major and Endodontic dental benefits are based on the Health Partners schedule of fees. If your provider charges a higher fee, a large gap payment will apply. 100% back up to your optical limits applies anywhere (sub-limit applies at recognised providers), but at Health Partners Optical you also receive 40% thereafter once limit reached. At Health Partners participating physiotherapists higher benefits apply. T&Cs apply.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|---|
| General dental* | 2 | No annual limit (no limit on preventative dental) | Periodic oral examination - 65% of charge Scale & clean - 65% of charge Fluoride treatment - 65% of charge Surgical tooth extraction - 65% of charge |
| Major dental* | 12 | \$800 per policy (combined limit for major dental & endodontic) | Full crown veneered - 65% of charge |
| Endodontic* | 12 | | Filling of one root canal - 65% of charge |
| Orthodontic | 12 | \$1,500 lifetime limit (Sub-limits apply) | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge |
| Optical* | 2 | \$250 per policy (Sub-limits apply) | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$300 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - n/a |
| Physiotherapy* | 2 | \$500 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy - Sub-limits apply) | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Chiropractic | 2 | | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Podiatry | 2 | \$500 per policy (combined limit for podiatry, psychology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Psychology | 2 | | Initial visit - \$75.00 Subsequent visit - \$75.00 |
| Acupuncture | 2 | \$200 per policy (combined limit for acupuncture, remedial massage & chinese medicine) | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Remedial massage | 2 | | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Hearing aids | 12 | \$400 per policy 1 appliance(s) every 3 years (combined limit for hearing aids, blood glucose) | Hearing aid - 70% of charge |

| | | | |
|---------------------------------------|----|---|---|
| Blood glucose monitors | 12 | monitors, orthotics (podiatric orthoses) & other services - Sub-limits apply) | Per monitor - 70% of charge |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Dietetics/dietary advice | 2 | Combined limit - see Podiatry | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Podiatry | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Health management / Healthy lifestyle | 2 | \$100 per policy | Health management - 70% of charge |
| Occupational therapy | 2 | Combined limit - see Podiatry | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Hearing aids | Orthotics supply & fit - 70% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Speech therapy | 2 | Combined limit - see Podiatry | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - n/a |

In South Australia, get more from your cover by using Health Partners Dental and Optical practices – like 100% back on 2 x dental check-ups (including x-rays) and a mouth guard. Plus, 70% benefit on other general and major dental services, up to your limits. At Health Partners Optical, you get 100% back on your optical limit, and an unlimited 40% benefit after you've reached your limit. 100% back on your optical limit is also available at other recognised optical providers, sub-limit applies. At our participating physios get 100% back on a physio visit and 70% thereafter, up to your limit. Save 20% every day on full-price, non-prescription products at over 50 pharmacies across South Australia, which include participating Priceline and TerryWhite Chemmart stores. T&Cs apply.

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

Combined limits create flexibility for you to use your limit on what's important to you. Acupuncture and Remedial Massage limits can also be used for other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. Also combined with the Hearing Aid limit is other appliances such as CPAP Machine, nebuliser & spacer devices. Sub-limits apply. Health Management limits include benefits for bowel screening, diabetes membership, weight management, post-natal lactation consultation and gym & fitness (when medically necessary). T&Cs apply.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/extras-cover>

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Ambulance is limited to 1 per person, per year up to \$20,000. You will be covered for the cost of service required on medical grounds (excluding clinic-car type transport) that is deemed or classified as 'emergency' only (emergency classification determined by approved ambulance provider). Additionally, you will be covered for treatment where no transport is required. This will count towards your annual limit.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/understanding-private-health-insurance/>

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.