

## Private Health Information Statement - General treatment policy

### National Extras

#### Health Partners

<http://www.healthpartners.com.au>

[ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)

1300 113 113

#### Monthly Premium

**\$203.58 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

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

Provides higher benefits for country South Australia and interstate members, who cannot access Health Partners' own network of providers. Services within the metropolitan area provide benefits the same as Top Extras. See <https://www.healthpartners.com.au/members/providers/>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: Healthier Living provides health management service and benefits, such as Bowel Cancer Screening Kits, Diabetes Membership, Gym and Fitness, Mole Check Body Scan, Weight Management & Post-Natal Lactation Consult - Benefits and limits vary. Loyalty bonuses apply to Occupational, Speech therapy and Aids & Appliances. 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 - \$32.65 Scale & clean - \$66.30 Fluoride treatment - \$20.40 Surgical tooth extraction - \$142.80
Major dental	12	\$1,500 per person	Full crown veneered - \$816.00
Endodontic	12	\$1,000 per person	Filling of one root canal - \$137.70
Orthodontic	12	\$2,500 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	2	\$300 per person	Single vision lenses & frames - 55% of charge Multi-focal lenses & frames - 55% of charge
Non PBS pharmaceuticals	2	\$600 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy	2	\$600 per person	Initial visit - \$30.00 Subsequent visit - \$24.00
Chiropractic	2	\$500 per person (combined limit for chiropractic, exercise physiology & osteopathy)	Initial visit - \$42.00 Subsequent visit - \$27.00
Podiatry	2	\$500 per person	Initial visit - \$33.00 Subsequent visit - \$24.00
Psychology	2	\$400 per person (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$70.00
Acupuncture	2	\$500 per person	Initial visit - \$37.20 Subsequent visit - \$27.60
Remedial massage	2	\$100 per person	Initial visit - \$20.00 Subsequent visit - \$20.00
Hearing aids*	12	\$800 per person 1 appliance(s) every 3 years	Hearing aid - 85% of charge

Blood glucose monitors*	12	\$250 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 85% of charge
Dietetics/dietary advice	2	\$450 per person	Initial visit - \$60.00 Subsequent visit - \$35.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$28.00 Subsequent visit - \$21.00
Eye therapy (orthoptics)	2	\$250 per person	Initial visit - \$25.00
Health management / Healthy lifestyle*	2	\$200 per person	Health management - 100% of charge
Occupational therapy*	2	\$350 per person	Initial visit - \$50.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	\$300 per person	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$42.00 Subsequent visit - \$27.00
Speech therapy*	2	\$400 per person	Initial visit - \$75.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

At Health Partners, we want to help you get the most out of your cover. That's why we have invested in our own Health Partners dental and optical services. When you use these services or our network of participating dentists, pharmacies and physiotherapists, higher benefits and limits may apply. Contact us for more information.

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

Shared benefits for Psychology and Hypnotherapy. Benefits available for Asthmatic Spray Appliances, Blood Pressure Machines, Low Vision Optical Magnification Aids, Circulation Boosters and Sleep Apnoea Machines. T&Cs apply.

For further information about this policy see

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

### Ambulance cover

In All States this policy provides:

**Emergency:** with a waiting period of 2 months, limited to \$20,000 per policy and 1 services per year.

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

### Other features of this ambulance cover

Ambulance is limited to 1 per person, per year up to \$20,000; maximum 2 per policy. 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.