

## Private Health Information Statement - General treatment policy

### Premium 90 Visitors Cover Extras

**Bupa HI Pty Ltd**  
<http://www.bupa.com.au>  
 134 135

**Monthly Premium**  
**\$206.45 #**  
 (before any rebate or insurer discount)

Covers only one person  
 Available in South 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.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

### General Treatment Cover

We have agreements with a network of dental practitioners, chiro, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll have lower out-of-pocket costs. See <http://www.bupa.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Home nursing covers selected services. Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Periodic oral examination (O12), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Pharmacy benefit paid after current PBS patient contribution deducted.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits  |
|--------------------------|-------------------------|---|---|
| General dental*          | 2                       | \$1,200 per policy<br>(combined limit for general dental, major dental, endodontic & orthodontic)   | Periodic oral examination - 90% of charge<br>Scale & clean - 90% of charge<br>Fluoride treatment - 90% of charge<br>Surgical tooth extraction - 90% of charge |
| Major dental*            | 12                      |   | Full crown veneered - 90% of charge   |
| Endodontic               | 12                      |   | Filling of one root canal - 90% of charge   |
| Orthodontic              | 12                      |   | Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge  |
| Optical                  | 2                       | \$300 per policy  | Single vision lenses & frames - 90% of charge<br>Multi-focal lenses & frames - 90% of charge  |
| Non PBS pharmaceuticals* | 2                       | \$700 per policy<br>(combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, chinese medicine, exercise physiology, orthotics (podiatric orthoses) & other services) | Per eligible prescription - 90% of charge   |
| Physiotherapy            | 2                       | \$550 per policy  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Chiropractic             | 2                       | \$550 per policy<br>(combined limit for chiropractic & osteopathy)  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Podiatry                 | 2                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Psychology               | 2                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Acupuncture              | 2                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |
| Remedial massage         | 2                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge   |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Hearing aids*                         | 12 | Combined limit - see Non PBS pharmaceuticals   | Hearing aid - 90% of charge                                       |
| Blood glucose monitors*               | 12 | Combined limit - see Non PBS pharmaceuticals   | Per monitor - 90% of charge                                       |
| Ante-natal/Post-natal classes         | 2  | \$400 per policy   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Chinese medicine                      | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Dietetics/dietary advice              | 2  | \$500 per policy<br>(combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Exercise physiology                   | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Health management / Healthy lifestyle | 6  | \$100 per policy   | Health management - 90% of charge                                 |
| Home nursing*                         | 2  | \$350 per policy   | Initial visit - 90% of charge<br>Subsequent visit - \$90.00       |
| Occupational therapy                  | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Orthotics (podiatric orthoses)*       | 12 | Combined limit - see Non PBS pharmaceuticals   | Orthotics supply & fit - 90% of charge                            |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |
| Speech therapy                        | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - 90% of charge<br>Subsequent visit - 90% of charge |

Online Doctor Appointments, 100% of charge up to the yearly service limit of 6 per person, benefits payable for Blua Online Doctor Appointments only, benefits are not payable for services included in the Medicare Benefit Schedule (MBS), refer to [blua.bupa.com.au](http://blua.bupa.com.au) for more details. Ante/Post-natal consultations and courses including lactation consultations, with a Bupa recognised provider in private practice. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits apply for Digital Mental Health. Blood glucose monitors, hearing aids, orthotics, and other health aids, are payable under the Health Appliances category, which share a yearly limit with other services specified in list. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year. Hearing aids are payable once every 3 years. To find out about other health appliances included and relevant sub-limits and restrictions, please contact us.

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

The longer you're with Bupa, the more you get back. For selected services, your yearly limit increases each calendar year, up to a set amount.

### Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with no waiting period.

**Non-emergency:** transport with no waiting period, limited to 3 services per year.

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

### Other features of this ambulance cover

You are covered for the uncapped costs associated with emergency ambulance transport services (via air or road) including on-the-spot emergency attendances where the service is provided by a Bupa recognised ambulance service. You are covered for three non-emergency ambulance services per person per calendar year provided by a Bupa recognised ambulance service. The following ambulance services are recognised: ACT Ambulance Service, Ambulance Service of NSW, Ambulance Victoria, Queensland Ambulance Service, South Australia Ambulance Service, St John

Ambulance NT, St John Ambulance WA, and Ambulance Tasmania. If you're eligible to claim from another source, a benefit won't be paid by Bupa.

For further information about this policy see

<http://www.bupa.com.au/health-insurance/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.