

## Private Health Information Statement - General treatment policy

### Your Choice Extras 60

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

**Monthly Premium**  
**\$75.80 #**  
 (before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
**Available in Northern Territory**

# 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 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

We have agreements with a network of dental practitioners, chiros, physios & podiatrists across Australia called Members First providers. If using them for included services, in most cases you'll 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 \*: Step down benefits apply after first 10 total services across Chiropractic and Osteopathy. Podiatry doesn't include Orthotics. Dentures payable once every 3 years. Periodic oral examination (012), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Choose any four services marked with an asterisk \* in the list above (Major Dental and Endodontic count as one service, Chiropractic and Osteopathy count as one service, Remedial Massage and Acupuncture count as one service, Physiotherapy and Ante/Post natal count as one service). 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	\$700 per person	Periodic oral examination - \$17.00 Scale & clean - \$35.50 Fluoride treatment - \$13.00 Surgical tooth extraction - \$65.00
Major dental*	12	\$500 per person (combined limit for major dental & endodontic)	Full crown veneered - \$500.00
Endodontic*	12		Filling of one root canal - \$110.00
Orthodontic*	12	\$650 per person \$1,300 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical*	2	\$180 per person	Single vision lenses & frames - \$150.00 Multi-focal lenses & frames - \$180.00
Non PBS pharmaceuticals*	2	\$300 per person	Per eligible prescription - \$40.00
Physiotherapy*	2	\$450 per person (combined limit for physiotherapy, ante-natal/post-natal classes & other services)	Initial visit - \$24.00 Subsequent visit - \$18.00
Chiropractic*	2	\$350 per person up to \$700 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$26.25 Subsequent visit - \$17.00
Podiatry*	2	\$350 per person	Initial visit - \$23.00 Subsequent visit - \$17.00
Acupuncture*	2	\$500 per person (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology - <b>Sub-limits apply</b> )	Initial visit - \$24.00 Subsequent visit - \$19.00
Remedial massage*	2		Initial visit - \$24.00 Subsequent visit - \$17.00
Ante-natal/Post-natal classes*	2	Combined limit - see Physiotherapy	Initial visit - \$17.50 Subsequent visit - \$17.50

Chinese medicine*	2	Combined limit - see Acupuncture	Initial visit - \$17.00 Subsequent visit - \$17.00
Exercise physiology*	2	Combined limit - see Acupuncture	Initial visit - \$17.00 Subsequent visit - \$17.00
Eye therapy (orthoptics)*	2	\$400 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$21.00 Subsequent visit - \$17.00
Health management / Healthy lifestyle*	6	\$100 per person	Health management - 50% of charge
Occupational therapy*	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$81.50 Subsequent visit - \$54.50
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$32.50 Subsequent visit - \$21.00
Speech therapy*	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$60.00 Subsequent visit - \$40.00

Online Doctors Appointments, 100% of charge up to the yearly service limit of 3 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.

This policy **X does not include** General treatment (Extras) cover for

<b>X</b> Blood glucose monitors	<b>X</b> Psychology
<b>X</b> Hearing aids	<b>X</b> 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. For more details or to purchase this product contact Bupa.

## Ambulance cover

In Northern Territory this policy provides:

**Emergency:** with no waiting period, limited to 2 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 costs associated with emergency ambulance transport services, including on-the-spot emergency attendances where the service is provided by a Bupa recognised ambulance service capped at one trip for singles and two trips for couples memberships per calendar year. The following ambulance services are recognised by Bupa: 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 are 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.