

## Private Health Information Statement - General treatment policy

### Extras Benefit

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

**Monthly Premium**  
**\$214.00<sup>#</sup>**  
 (before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)  
 Available in Northern Territory  
 Closed to new members

<sup>#</sup> 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, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

### General Treatment Cover

We have agreements with a network of dentists, chiros, 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 \*: Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Claims for preventative treatment (012,121,114) do not reduce yearly limit. 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                       | \$600 per person                                                                                                                                                                                                                                                              | Periodic oral examination - \$28.00<br>Scale & clean - \$76.00<br>Fluoride treatment - \$20.00<br>Surgical tooth extraction - \$76.00 |
| Major dental*            | 12                      | \$600 per person<br>(combined limit for major dental & endodontic)                                                                                                                                                                                                            | Full crown veneered - \$600.00                                                                                                        |
| Endodontic               | 12                      |                                                                                                                                                                                                                                                                               | Filling of one root canal - \$160.00                                                                                                  |
| Orthodontic              | 12                      | \$2,000 per person<br>\$2,000 lifetime limit                                                                                                                                                                                                                                  | Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge                                            |
| Optical                  | 2                       | \$200 per person                                                                                                                                                                                                                                                              | Single vision lenses & frames - \$117.00<br>Multi-focal lenses & frames - \$184.00                                                    |
| Non PBS pharmaceuticals* | 2                       | \$300 per person                                                                                                                                                                                                                                                              | Per eligible prescription - \$70.00                                                                                                   |
| Physiotherapy            | 2                       | \$800 per person<br>(combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, osteopathy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$49.50<br>Subsequent visit - \$36.00                                                                                 |
| Chiropractic             | 2                       |                                                                                                                                                                                                                                                                               | Initial visit - \$40.00<br>Subsequent visit - \$32.00                                                                                 |
| Podiatry*                | 2                       |                                                                                                                                                                                                                                                                               | Initial visit - \$64.00<br>Subsequent visit - \$32.00                                                                                 |
| Psychology               | 2                       |                                                                                                                                                                                                                                                                               | Initial visit - \$105.50<br>Subsequent visit - \$105.50                                                                               |
| Acupuncture              | 2                       |                                                                                                                                                                                                                                                                               | Initial visit - \$40.00<br>Subsequent visit - \$36.00                                                                                 |
| Remedial massage         | 2                       |                                                                                                                                                                                                                                                                               | Initial visit - \$57.00<br>Subsequent visit - \$62.50                                                                                 |
|                          |                         |                                                                                                                                                                                                                                                                               |                                                                                                                                       |

|                                       |    |                                                                                                                     |                                                       |
|---------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Hearing aids                          | 12 | \$700 per person<br>1 appliance(s) every 3 years                                                                    | Hearing aid - \$550.00                                |
| Blood glucose monitors                | 12 | \$200 per person<br>1 appliance(s) every 1 year                                                                     | Per monitor - \$200.00                                |
| Chinese medicine                      | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$64.00<br>Subsequent visit - \$64.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$60.00<br>Subsequent visit - \$37.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$44.00<br>Subsequent visit - \$44.00 |
| Health management / Healthy lifestyle | 6  | \$100 per person                                                                                                    | Health management - 50% of charge                     |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$61.00<br>Subsequent visit - \$52.00 |
| Orthotics (podiatric orthoses)*       | 12 | \$500 per person<br>(combined limit for orthotics (podiatric orthoses) & other services - <b>Sub-limits apply</b> ) | Orthotics supply & fit - \$120.00                     |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$98.50<br>Subsequent visit - \$98.50 |
| Speech therapy                        | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$85.00<br>Subsequent visit - \$57.00 |

Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits may apply. Orthotics, and other health aids, are payable under the Health Appliances category up to \$500 per year. Sub-limits and restrictions apply. 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

## 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 and family 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.