

Private Health Information Statement - General treatment policy

Mid 60 Visitors Cover Extras

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

Monthly Premium
\$81.25 #
 (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

We have agreements with a network of dental practitioners, 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 *: 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 (012), 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 | \$800 per policy (combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge |
| Major dental* | 12 | | Full crown veneered - 60% of charge |
| Endodontic | 12 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 2 | \$180 per policy | Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge |
| Non PBS pharmaceuticals* | 2 | \$400 per policy (combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy - Sub-limits apply) | Per eligible prescription - 60% of charge |
| Physiotherapy | 2 | \$350 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 2 | \$350 per policy (combined limit for chiropractic & osteopathy) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Podiatry* | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |

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|---------------------------------------|----|--|---|
| Hearing aids* | 12 | Combined limit - see Non PBS pharmaceuticals | Hearing aid - 60% of charge |
| Blood glucose monitors* | 12 | Combined limit - see Non PBS pharmaceuticals | Per monitor - 60% of charge |
| Ante-natal/Post-natal classes | 2 | \$300 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chinese medicine | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Eye therapy (orthoptics) | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Health management / Healthy lifestyle | 6 | \$100 per policy | Health management - 60% of charge |
| Home nursing* | 2 | \$350 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Occupational therapy | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Non PBS pharmaceuticals | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Speech therapy | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 60% of charge Subsequent visit - 60% of charge |

Travel 100% up to \$100. Where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip). Eligibility criteria apply. Accommodation (per night) \$40 up to \$150. 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

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

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.