

Private Health Information Statement - General treatment policy

Corporate Advanced Extras

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

Monthly Premium
\$339.40 #
 (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 NSW & ACT
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 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.

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, chiros, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll receive up to 70% back, up to your yearly limits. See <http://www.bupa.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Get 100% back on optical and orthodontics, and 100% back on your first remedial massage and physio visit every year, up to yearly limits. Orthotics are payable once per year under podiatry, up to annual limit. Periodic oral examination (012), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Dentures payable once every 3 years. 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	\$900 per person	Periodic oral examination - \$27.50 Scale & clean - \$55.50 Fluoride treatment - \$22.50 Surgical tooth extraction - \$88.00
Major dental*	12	\$800 per person (combined limit for major dental & endodontic)	Full crown veneered - \$800.00
Endodontic	12		Filling of one root canal - \$159.50
Orthodontic*	12	\$1,000 per person \$2,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical*	2	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$300 per person	Per eligible prescription - 70% of charge
Physiotherapy*	2	\$600 per person (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology)	Initial visit - \$41.50 Subsequent visit - \$35.00
Chiropractic	2	\$300 per person (combined limit for chiropractic & osteopathy)	Initial visit - \$37.25 Subsequent visit - \$25.60
Podiatry	2	\$300 per person (combined limit for podiatry & orthotics (podiatric orthoses) - Sub-limits apply)	Initial visit - \$36.30 Subsequent visit - \$29.70
Psychology	2	\$500 per person (combined limit for psychology & other services - Sub-limits apply)	Initial visit - \$99.00 Subsequent visit - \$88.50

Acupuncture	2	\$200 per person (combined limit for acupuncture & chinese medicine)	Initial visit - \$33.00 Subsequent visit - \$24.20
Remedial massage*	2	\$200 per person	Initial visit - \$43.50 Subsequent visit - \$33.00
Blood glucose monitors	12	1 service(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 70% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$19.25
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$26.40 Subsequent visit - \$19.80
Dietetics/dietary advice	2	\$250 per person	Initial visit - \$50.60 Subsequent visit - \$29.90
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$26.40 Subsequent visit - \$19.80
Eye therapy (orthoptics)	2	\$250 per person	Initial visit - \$30.80 Subsequent visit - \$28.60
Health management / Healthy lifestyle	6	\$100 per person	Health management - 100% of charge
Occupational therapy	2	\$250 per person	Initial visit - \$73.50 Subsequent visit - \$57.00
Orthotics (podiatric orthoses)*	12	Combined limit - see Podiatry	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$46.00 Subsequent visit - \$31.50
Speech therapy	2	\$250 per person	Initial visit - \$96.00 Subsequent visit - \$51.60
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, and other health aids, are payable under the Health Appliances category up to \$300 per year. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year. 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 Hearing aids	X Other treatments - check with your insurer
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Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

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. 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.