

## Private Health Information Statement - General treatment policy

### Super Extras Active

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

**Monthly Premium**  
**\$105.40 #**  
 (before any rebate or insurer discount)

Covers only one person  
 Available in NSW & ACT

# 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 receive up to 60% back, up to 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 \*: Home nursing covers selected services. Pharmacy benefit paid after deduction of the PBS co-payment. Dentures payable once every 3 years. Periodic oral examination 012, Scale & Clean 114, Fluoride treatment 121 payable once every 6 months.*

| Treatment                      | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|--------------------------------|-------------------------|--|--|
| General dental*                | 2                       | \$800 per policy<br>(no limit on preventative dental)  | Periodic oral examination - \$32.00<br>Scale & clean - \$65.50<br>Fluoride treatment - \$19.50<br>Surgical tooth extraction - \$104.00 |
| Major dental*                  | 12                      | \$800 per policy<br>(combined limit for major dental & endodontic)                                       | Full crown veneered - \$800.00   |
| Endodontic                     | 12                      |  | Filling of one root canal - \$151.00   |
| Orthodontic                    | 12                      | \$600 per policy<br>\$1,200 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge  |
| Optical                        | 2                       | \$250 per policy   | Single vision lenses & frames - \$192.00<br>Multi-focal lenses & frames - \$250.00   |
| Non PBS pharmaceuticals*       | 2                       | \$400 per policy   | Per eligible prescription - \$40.00  |
| Physiotherapy                  | 2                       | \$800 per policy<br>(combined limit for physiotherapy, chiropractic & osteopathy)                        | Initial visit - \$45.00<br>Subsequent visit - \$38.50  |
| Chiropractic                   | 2                       |  | Initial visit - \$44.00<br>Subsequent visit - \$30.00  |
| Podiatry                       | 2                       | \$300 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))                       | Initial visit - \$42.90<br>Subsequent visit - \$35.10  |
| Psychology                     | 2                       | \$300 per policy<br>(combined limit for psychology, acupuncture, chinese medicine & exercise physiology) | Initial visit - \$107.50<br>Subsequent visit - \$96.00   |
| Acupuncture                    | 2                       |  | Subsequent visit - \$28.60   |
| Remedial massage               | 2                       | \$200 per policy   | Initial visit - \$47.00<br>Subsequent visit - \$36.00  |
| Ante-natal/Post-natal classes* | 2                       | \$200 per policy   | Initial visit - \$21.00  |
| Chinese medicine               | 2                       | Combined limit - see Psychology  | Initial visit - \$31.20<br>Subsequent visit - \$23.40  |

|                                |    |  |   |
|--------------------------------|----|--|---|
| Dietetics/dietary advice       | 2  | \$300 per policy<br>(combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$55.20<br>Subsequent visit - \$27.60 |
| Exercise physiology            | 2  | Combined limit - see Psychology  | Initial visit - \$31.20<br>Subsequent visit - \$23.40 |
| Eye therapy (orthoptics)       | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - \$33.60<br>Subsequent visit - \$31.20 |
| Home nursing*                  | 2  | \$200 per policy   | Initial visit - \$35.00                               |
| Occupational therapy           | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - \$73.50<br>Subsequent visit - \$57.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Podiatry  | Orthotics supply & fit - 60% of charge                |
| Osteopathy                     | 2  | Combined limit - see Physiotherapy   | Initial visit - \$54.00<br>Subsequent visit - \$37.00 |
| Speech therapy                 | 2  | Combined limit - see Dietetics/dietary advice  | Initial visit - \$96.00<br>Subsequent visit - \$51.60 |

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. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Travel 100% up to \$100 per person, accommodation (per night) \$40 up to \$150 per person. 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. 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> Hearing aids | <b>X</b> Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

Other features of this general treatment cover

You'll get access to higher set benefits at our Optical Partners including a 'no-gap' fixed-priced package experience on glasses, yearly limits and waiting periods apply.

## 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.