

## Private Health Information Statement - General treatment policy

### FLEXtras 4 Standard 60

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

**Monthly Premium**  
**\$100.80 #**  
 (before any rebate or insurer discount)

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

# 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 \*: Choose any four services marked with an asterisk\* in the list above (Major Dental and Endodontic count as one selection, Chiropractic and Osteopathy count as one selection, Podiatry and Foot Orthotics count as one selection, Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling) and counts as one selection). Pharmacy benefit paid after deduction of the PBS co-payment. Home nursing covers selected services. 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                       | \$500 per person   | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Major dental*            | 12                      | \$500 per person<br>(combined limit for major dental & endodontic)                 | Full crown veneered - 60% of charge   |
| Endodontic*              | 12                      |  | Filling of one root canal - 60% of charge   |
| Orthodontic*             | 12                      | \$600 per person<br>\$1,200 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge  |
| Optical*                 | 2                       | \$200 per person   | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge  |
| Non PBS pharmaceuticals* | 2                       | \$300 per person   | Per eligible prescription - 60% of charge   |
| Physiotherapy*           | 2                       | \$350 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Chiropractic*            | 2                       | \$350 per person<br>(combined limit for chiropractic & osteopathy)                 | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Podiatry*                | 2                       | \$350 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Psychology*              | 2                       | \$250 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Acupuncture*             | 2                       | \$100 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Remedial massage*        | 2                       | \$180 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |

|                                 |    |                                   |   |
|---------------------------------|----|-----------------------------------|---|
| Ante-natal/Post-natal classes*  | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Chinese medicine*               | 2  | \$100 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Dietetics/dietary advice*       | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Exercise physiology*            | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Eye therapy (orthoptics)*       | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Home nursing*                   | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Occupational therapy*           | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Podiatry     | Orthotics supply & fit - 60% of charge                            |
| Osteopathy*                     | 2  | Combined limit - see Chiropractic | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Speech therapy*                 | 2  | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |

If Travel and Accommodation service is selected, you will receive 50% (FLEXtras 50) or 60% (FLEXtras 60) back up to \$100 per person per year for travel expenses and up to \$150 per person per year for accommodation expenses. 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. If selected, 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

**X** Blood glucose monitors

**X** Hearing aids

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Customers can choose either a standard or higher limit and have the freedom to flex between the two at any time, standard waiting periods apply for each of your selected services before the increased limit is effective. Plus, the flexibility to swap service selections as needed if you haven't claimed that service in the calendar year. Waiting periods and fund rules apply.

## Ambulance cover

In South Australia 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.