

Private Health Information Statement - General treatment policy

FLEXtras 6 Higher 50

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

Monthly Premium
\$112.00 #
 (before any rebate or insurer discount)

Covers 2 adults (and no-one else)
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. 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 six 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 | \$750 per person | Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge |
| Major dental* | 12 | \$750 per person (combined limit for major dental & endodontic) | Surgical tooth extraction - 50% of charge Full crown veneered - 50% of charge |
| Endodontic* | 12 | | Filling of one root canal - 50% of charge |
| Orthodontic* | 12 | \$800 per person \$1,600 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 50% of charge |
| Optical* | 2 | \$250 per person | Single vision lenses & frames - 50% of charge Multi-focal lenses & frames - 50% of charge |
| Non PBS pharmaceuticals* | 2 | \$400 per person | Per eligible prescription - 50% of charge |
| Physiotherapy* | 2 | \$500 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Chiropractic* | 2 | \$500 per person (combined limit for chiropractic & osteopathy) | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Podiatry* | 2 | \$500 per person (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Psychology* | 2 | \$400 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Acupuncture* | 2 | \$150 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Remedial massage* | 2 | \$225 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Ante-natal/Post-natal classes* | 2 | \$350 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Chinese medicine* | 2 | \$150 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |

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|---------------------------------|----|-----------------------------------|---|
| Dietetics/dietary advice* | 2 | \$300 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Exercise physiology* | 2 | \$350 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Eye therapy (orthoptics)* | 2 | \$300 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Home nursing* | 2 | \$350 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Occupational therapy* | 2 | \$300 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Podiatry | Orthotics supply & fit - 50% of charge |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Speech therapy* | 2 | \$300 per person | Initial visit - 50% of charge Subsequent visit - 50% 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

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. 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.