

Private Health Information Statement - General treatment policy

Corporate Benefit 70

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

Monthly Premium
\$220.30 #
 (before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)
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.

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.

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 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. Dentures payable once every 3 years. Periodic oral examination O12, 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	\$700 per person	Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge Surgical tooth extraction - 70% of charge
Major dental*	12	\$800 per person (combined limit for major dental, endodontic & orthodontic)	Full crown veneered - 70% of charge
Endodontic	12		Filling of one root canal - 70% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 70% 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	\$400 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy)	Per eligible prescription - 70% of charge
Physiotherapy	2	\$500 per person (combined limit for physiotherapy & ante-natal/post-natal classes)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic	2	\$350 per person (combined limit for chiropractic & osteopathy)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Podiatry	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	2	\$300 per person (combined limit for acupuncture, remedial massage & exercise physiology)	Initial visit - 70% of charge Subsequent visit - 70% of charge

Remedial massage	2		Initial visit - 70% of charge Subsequent visit - 70% of charge
Hearing aids	12	\$400 per person (combined limit for hearing aids, blood glucose monitors & other services)	Hearing aid - 100% of charge
Blood glucose monitors	12		Per monitor - 70% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - 70% of charge Subsequent visit - 70% of charge
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Health management / Healthy lifestyle	6	\$100 per person	Health management - 100% of charge
Home nursing*	2	\$350 per person	Initial visit - 70% of charge Subsequent visit - 70% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 70% of charge Subsequent visit - 70% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge

Online Doctor Appointments, 100% of charge up to the yearly service limit of 6 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 for more details. Travel 100% up to \$100. Accommodation (per night) \$40 up to \$150. 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. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits apply for Digital Mental Health. Health Management includes claims for Gym Memberships, Personal Training and Mole Mapping (including Skin Checks) only. Eligibility criteria applies, contact us for more information. Blood glucose monitors, hearing aids, 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

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.

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.