

Private Health Information Statement - General treatment policy

75% Extras

see-u by HBF
https://www.seeuhealthinsurance.com.au
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1300 499 260

Monthly Premium
\$110.63#
(before any rebate or insurer discount)

Covers only one person
Available in Western Australia
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.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$1,500 per policy	Periodic oral examination - 75% of charge Scale & clean - 75% of charge Fluoride treatment - 75% of charge
Major dental	12	\$800 per policy (combined limit for major dental, endodontic & orthodontic) \$2,000 lifetime limit for Orthodontic	Surgical tooth extraction - 75% of charge Full crown veneered - 75% of charge
Endodontic	12		Filling of one root canal - 75% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge
Optical	6	\$225 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per policy (combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy - Sub-limits apply)	Per eligible prescription - 75% of charge
Physiotherapy	2	\$700 per policy (combined limit for physiotherapy, chiropractic, health management / healthy lifestyle & osteopathy - Sub-limits apply)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Chiropractic	2		Initial visit - 75% of charge Subsequent visit - 75% of charge
Podiatry	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Acupuncture	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Remedial massage	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Hearing aids	12	Combined limit - see Non PBS pharmaceuticals	Hearing aid - 75% of charge
Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 75% of charge
Chinese medicine	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge

Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Exercise physiology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Health management / Healthy lifestyle	6	Combined limit - see Physiotherapy	Health management - 75% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 75% of charge Subsequent visit - 75% of charge
* Benefit replacement periods may apply to some Health Aids and Appliances - see insurer for details			

This policy **X** **does not include** General treatment (Extras) cover for

X Other treatments - check with your insurer

For further information about this policy see

<https://www.seeuhealthinsurance.com.au>

Ambulance cover

In Western 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.

For further information about this policy see

<https://www.seeuhealthinsurance.com.au>

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.