

## Private Health Information Statement - General treatment policy

### Mid Extras

#### see-u by HBF

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

[info@seeuhealthinsurance.com.au](mailto:info@seeuhealthinsurance.com.au)

1300 499 260

#### Monthly Premium

**\$114.16<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in Tasmania

Closed to new members

<sup>#</sup> 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 22, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

This policy must be purchased with a hospital policy.

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                       | \$1,000 per person<br>(combined limit for general dental, major dental & endodontic)  | Periodic oral examination - \$29.00<br>Scale & clean - \$59.00<br>Fluoride treatment - \$20.00 |
| Major dental            | 12                      |   | Surgical tooth extraction - \$142.00<br>Full crown veneered - \$874.00                         |
| Endodontic              | 12                      |   | Filling of one root canal - \$161.00   |
| Orthodontic             | 12                      | \$520 per person<br>\$1,500 lifetime limit for Orthodontic  | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge    |
| Optical                 | 6                       | \$230 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$300 per person  | Per eligible prescription - \$25.00  |
| Physiotherapy           | 2                       | \$440 per person  | Initial visit - \$39.00<br>Subsequent visit - \$33.00  |
| Chiropractic            | 2                       | \$250 per person up to \$500 per policy<br>(combined limit for chiropractic & osteopathy)   | Initial visit - \$37.00<br>Subsequent visit - \$26.00  |
| Podiatry                | 2                       | \$400 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses))  | Initial visit - \$31.00<br>Subsequent visit - \$25.00  |
| Psychology              | 2                       | \$250 per person<br>(combined limit for psychology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, speech therapy & other services) | Initial visit - \$77.00<br>Subsequent visit - \$60.00  |
| Acupuncture             | 2                       | \$250 per person up to \$500 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)  | Initial visit - \$37.00<br>Subsequent visit - \$26.00  |
| Remedial massage        | 2                       |   | Initial visit - \$26.00<br>Subsequent visit - \$26.00  |
| Hearing aids            | 24                      | \$800 per person<br>1 appliance(s) every 5 years  | Hearing aid - 100% of charge   |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Blood glucose monitors                | 12 | \$400 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services) | Per monitor - 60% of charge                           |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture   | Initial visit - \$26.00<br>Subsequent visit - \$26.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Psychology  | Initial visit - \$49.00<br>Subsequent visit - \$28.00 |
| Exercise physiology                   | 2  | Combined limit - see Psychology  | Initial visit - \$46.00<br>Subsequent visit - \$46.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Psychology  | Initial visit - \$48.00<br>Subsequent visit - \$48.00 |
| Health management / Healthy lifestyle | 6  | \$100 per person<br>(Sub-limits apply)   | Health management - 60% of charge                     |
| Occupational therapy                  | 2  | Combined limit - see Psychology  | Initial visit - \$57.00<br>Subsequent visit - \$36.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry  | Orthotics supply & fit - 60% of charge                |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - \$37.00<br>Subsequent visit - \$26.00 |
| Speech therapy                        | 2  | Combined limit - see Psychology  | Initial visit - \$78.00<br>Subsequent visit - \$37.00 |

Mid Extras also includes cover for: Western Herbal Medicine (waiting period 2 months, \$26 benefit up to combined limit - see Acupuncture), Naturopathy (waiting period 2 months, \$26 benefit up to combined limit - see Acupuncture), Yoga (waiting period 2 months, \$26 benefit for consultations, \$9 benefit for group classes up to combined limit - see Acupuncture), Pilates (waiting period 2 months, \$26 benefit for consultations, \$9 benefit for group classes up to combined limit - see Acupuncture), Tai Chi (waiting period 2 months, \$26 benefit up to combined limit - see Acupuncture), Shiatsu (waiting period 2 months, \$26 benefit up to combined limit - see Acupuncture) and Alexander Technique (waiting period 2 months, \$26 benefit for consultations, \$9 benefit for group classes up to combined limit - see Acupuncture). This product also includes coverage for Counselling consultations under the Psychology limit. \*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

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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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## 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.