

## Private Health Information Statement - General treatment policy

### Frank Active Extras

#### Frank Health Insurance

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

[frank@frankhealthinsurance.com.au](mailto:frank@frankhealthinsurance.com.au)

1300 209 428

Underwritten by GMHBA Limited

#### Monthly Premium

**\$76.25 #**

(before any rebate or insurer discount)

Covers only one person

Available in Queensland

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

Note, for items marked with an asterisk \*: Non PBS Pharmaceuticals & Vaccinations must be a private Schedule 4 or Schedule 8 and dispensed via a provider in private practice. Benefit after deduction of the PBS co-payment.

| Treatment                     | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|-------------------------------|-------------------------|---|--|
| General dental                | 2                       | \$600 per policy  | Periodic oral examination - \$35.50<br>Scale & clean - \$72.20<br>Fluoride treatment - \$21.50 |
| Major dental                  | 12                      | \$800 per policy<br>(combined limit for major dental & endodontic)  | Surgical tooth extraction - \$124.70<br>Full crown veneered - \$520.00                         |
| Endodontic                    | 12                      |   | Filling of one root canal - \$113.60   |
| Orthodontic                   | 12                      | \$600 per policy<br>\$2,100 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge    |
| Optical                       | 6                       | \$250 per policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals*      | 2                       | \$300 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$50.00  |
| Physiotherapy                 | 2                       | \$400 per policy<br>(combined limit for physiotherapy, exercise physiology & other services)  | Initial visit - \$44.00<br>Subsequent visit - \$44.00  |
| Chiropractic                  | 2                       | \$400 per policy<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$39.00<br>Subsequent visit - \$39.00  |
| Podiatry                      | 2                       | \$300 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))  | Initial visit - \$50.00<br>Subsequent visit - \$50.00  |
| Psychology                    | 2                       | \$300 per policy  | Initial visit - \$60.00<br>Subsequent visit - \$60.00  |
| Acupuncture                   | 2                       | \$400 per policy<br>(combined limit for acupuncture & chinese medicine)   | Initial visit - \$36.00<br>Subsequent visit - \$36.00  |
| Remedial massage              | 2                       | \$300 per policy  | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Ante-natal/Post-natal classes | 2                       | \$400 per policy<br>(combined limit for ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$42.00<br>Subsequent visit - \$42.00  |

|                                |    |  |   |
|--------------------------------|----|--|---|
| Chinese medicine               | 2  | Combined limit - see Acupuncture                   | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Dietetics/dietary advice       | 2  | \$300 per policy                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Exercise physiology            | 2  | Combined limit - see Physiotherapy                 | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)       | 2  | Combined limit - see Ante-natal/Post-natal classes | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Occupational therapy           | 2  | Combined limit - see Ante-natal/Post-natal classes | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Podiatry                      | Orthotics supply & fit - \$200.00                     |
| Osteopathy                     | 2  | Combined limit - see Chiropractic                  | Initial visit - \$39.00<br>Subsequent visit - \$39.00 |
| Speech therapy                 | 2  | Combined limit - see Ante-natal/Post-natal classes | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Vaccinations*                  | 2  | Combined limit - see Non PBS pharmaceuticals       | Per service - \$50.00                                 |

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

|                                 |                       |   |
|---------------------------------|-----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Hearing aids | <b>X</b> Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

Other features of this general treatment cover

Excludes chiropractic x-rays. Remember, Frank is all online. For more information contact Frank on 1300 437 265 or visit [www.frankhealthinsurance.com.au](http://www.frankhealthinsurance.com.au)

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

## 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.