

## Private Health Information Statement - General treatment policy

### Mid Extras

#### Peoplecare Health Insurance

<http://www.peoplecare.com.au>  
[info@peoplecare.com.au](mailto:info@peoplecare.com.au)  
 1800 808 690

#### Monthly Premium

**\$77.65 #**

(before any rebate or insurer discount)

Covers only one person  
 Available in South Australia

# 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

By using Peoplecare's 'preferred providers' you may have lower out of pocket costs on Dental and Optical treatments and have access to more 'no gap' treatments. A list of 'preferred providers' is available from Peoplecare. See <https://peoplecare.com.au/Members/Providers/Other-health-providers>.

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                       | \$750 per policy   | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Major dental             | 12                      | \$500 per policy<br>(combined limit for major dental & endodontic)   | Full crown veneered - 60% of charge   |
| Endodontic               | 12                      |  | Filling of one root canal - 60% of charge   |
| Optical                  | 6                       | \$200 per policy   | Single vision lenses & frames - \$200.00<br>Multi-focal lenses & frames - \$200.00  |
| Non PBS pharmaceuticals  | 2                       | \$300 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )                                   | Per eligible prescription - \$60.00   |
| Physiotherapy            | 2                       | \$350 per policy<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services) | Initial visit - \$45.00<br>Subsequent visit - \$45.00   |
| Chiropractic             | 2                       | \$350 per policy<br>(combined limit for chiropractic & osteopathy)   | Initial visit - \$45.00<br>Subsequent visit - \$45.00   |
| Podiatry                 | 2                       | \$200 per policy   | Initial visit - \$40.00<br>Subsequent visit - \$30.00   |
| Acupuncture              | 2                       | \$300 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine, dietetics/dietary advice & other services)          | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Remedial massage         | 2                       |  | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Chinese medicine         | 2                       |  | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Dietetics/dietary advice | 2                       |  | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Exercise physiology      | 2                       | Combined limit - see Physiotherapy   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge   |
| Eye therapy (orthoptics) | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$43.00<br>Subsequent visit - \$33.00   |

|                                       |   |  |   |
|---------------------------------------|---|--|---|
| Health management / Healthy lifestyle | 6 | \$150 per policy                             | Health management - 60% of charge                     |
| Occupational therapy                  | 2 | Combined limit - see Physiotherapy           | Initial visit - \$43.00<br>Subsequent visit - \$33.00 |
| Osteopathy                            | 2 | Combined limit - see Chiropractic            | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Vaccinations                          | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$60.00                                 |

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

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

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/mid-extras.pdf>

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

**Other features of this ambulance cover**

Unlimited Ambulance covers you Australia wide for land, sea and air transport.

For further information about this policy see

<https://www.peoplecare.com.au/health-insurance/hospital-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.