

Private Health Information Statement - General treatment policy

Suncorp Health Insurance Everyday Extras

Suncorp Health Insurance  
<https://www.suncorp.com.au/health>  
13 11 55  
Underwritten by nib Health Funds Ltd.

Monthly Premium  
**\$51.14 #**  
(before any rebate or insurer discount)

Covers only one person  
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.

General Treatment Cover

By using our FirstChoice providers, you may have lower out-of-pocket costs on many allied health services. A list of "preferred providers" is available from the health insurer. See <https://health.suncorp.com.au/find-a-provider>.

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                       | \$600 per policy<br>(no limit on preventative dental)                                                                                | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental                                                                                                                                                              | 12                      | \$450 per policy<br>(combined limit for major dental & endodontic)                                                                   | Surgical tooth extraction - 60% of charge<br>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 - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Non PBS pharmaceuticals                                                                                                                                                   | 2                       | \$150 per policy                                                                                                                     | Per eligible prescription - 60% of charge                                                                        |
| Physiotherapy                                                                                                                                                             | 2                       | \$350 per policy<br>(combined limit for physiotherapy, chiropractic & osteopathy)                                                    | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Chiropractic                                                                                                                                                              | 2                       |                                                                                                                                      | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Acupuncture                                                                                                                                                               | 2                       | \$100 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> ) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Remedial massage                                                                                                                                                          | 2                       |                                                                                                                                      | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Chinese medicine                                                                                                                                                          | 2                       |                                                                                                                                      | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Osteopathy                                                                                                                                                                | 2                       | Combined limit - see Physiotherapy                                                                                                   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Myotherapy - combined limit of \$100 with acupuncture, remedial massage and Chinese herbalism per person per calendar year. For Preventative dental service limits apply. |                         |                                                                                                                                      |                                                                                                                  |

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

|                                                                                                           |                                                                                                 |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|  Blood glucose monitors |  Orthodontic |  Psychology                                 |
|  Hearing aids           |  Podiatry    |  Other treatments - check with your insurer |

Other features of this general treatment cover

The extras that people use most. Of course, you can see your choice of provider, but by choosing a FirstChoice provider, you may have less to pay towards the cost of your treatment. We've created the FirstChoice network to help you access

quality healthcare and a better deal for you and your family. We've locked in lower costs with our FirstChoice providers, so you can enjoy competitive treatment fees when you visit the dentist or a discount the next time you claim for glasses.

For further information about this policy see

<https://my.nib.com.au/product-collateral/120>

## 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).

### Other features of this ambulance cover

Emergency ambulance costs are covered by the state government for residents of Tasmania.

For further information about this policy see

<https://my.nib.com.au/product-collateral/120>

### 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.