

Private Health Information Statement - General treatment policy

Top Extras

Health Partners

<http://www.healthpartners.com.au>

ask@healthpartners.com.au

1300 113 113

Monthly Premium

\$113.58[#]

(before any rebate or insurer discount)

Covers only one person

Available in All States

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

At our providers: 85% dental benefit, major dental \$1500 limit, 70% optical benefit, \$350 limit for prescription glasses, \$210 for contacts. Only Pay \$18 for eligible Physio consults, \$1000 limit. T&Cs apply. See

<https://www.healthpartners.com.au/members/providers/>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Health Partners and participating providers are in SA only. If you attend a Health Partners Dental or participating dental provider, higher benefits will apply. Dependants (including Child Dependants) on Family/Single Parent covers receive 2 gap-free dental check-ups at Health Partners Dental & participating dental providers and 4 gap-free physiotherapy consults at participating physios. Healthier Living provides health management service and benefits, such as Bowel Cancer Screening Kits, Diabetes Membership, Gym and Fitness, Mole Check Body Scan, Weight Management & Post-Natal Lactation Consult - Benefits and limits vary. Loyalty bonuses apply to Occupational, Speech therapy and Aids & Appliances. T&Cs apply.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$32.00 Scale & clean - \$65.00 Fluoride treatment - \$20.00 Surgical tooth extraction - \$140.00
Major dental*	12	\$1,500 per policy	Full crown veneered - \$800.00
Endodontic*	12	\$1,000 per policy	Filling of one root canal - \$135.00
Orthodontic	12	\$2,500 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical*	2	\$250 per policy (Sub-limits apply)	Single vision lenses & frames - 50% of charge Multi-focal lenses & frames - 50% of charge
Non PBS pharmaceuticals*	2	\$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - n/a
Physiotherapy*	2	\$500 per policy	Initial visit - \$30.00 Subsequent visit - \$24.00
Chiropractic	2	\$400 per policy (combined limit for chiropractic, exercise physiology & osteopathy)	Initial visit - \$42.00 Subsequent visit - \$25.00
Podiatry	2	\$350 per policy	Initial visit - \$33.00 Subsequent visit - \$24.00
Psychology	2	\$400 per policy (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$70.00
Acupuncture	2	\$350 per policy	Initial visit - \$29.00 Subsequent visit - \$21.00
Remedial massage	2	\$100 per policy	Initial visit - \$20.00 Subsequent visit - \$20.00

Hearing aids	12	\$800 per policy 1 appliance(s) every 3 years	Hearing aid - 85% of charge
Blood glucose monitors	12	\$250 per policy 1 appliance(s) every 3 years (Sub-limits apply)	Per monitor - 85% of charge
Dietetics/dietary advice	2	\$450 per policy	Initial visit - \$60.00 Subsequent visit - \$35.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$28.00 Subsequent visit - \$21.00
Eye therapy (orthoptics)	2	\$250 per policy	Initial visit - \$25.00 Subsequent visit - \$25.00
Health management / Healthy lifestyle*	2	\$200 per policy (combined limit for health management / healthy lifestyle & other services)	Health management - 100% of charge
Occupational therapy	2	\$350 per policy	Initial visit - \$50.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	\$300 per policy	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$42.00 Subsequent visit - \$25.00
Speech therapy	2	\$400 per policy	Initial visit - \$75.00 Subsequent visit - \$45.00
Vaccinations*	2	Combined limit - see Non PBS pharmaceuticals	Per service - n/a

At Health Partners, we want to help you get the most out of your cover. That's why we have invested in our own Health Partners dental and optical services. When you use these services or our network of participating dentists, pharmacies and physiotherapists, higher benefits and limits may apply. Contact us for more information. Save 20% every day on full-price, non-prescription products at over 50 pharmacies across South Australia, which include participating Priceline and TerryWhite Chemmart stores. T&Cs apply.

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

X Other treatments - check with your insurer

Other features of this general treatment cover

Shared limits for Psychology and Hypnotherapy. Benefits for Asthmatic Spray Appliances, Blood Pressure Machines, Low Vision Optical Magnification Aids, Circulation Boosters and Sleep Apnoea Machines. 40% Optical unlimited benefit once annual limit is reached, plus unlimited 30% discount on non-prescription sunglasses - only at Health Partners Optical centres. 40% unlimited Endodontic benefit once annual limit is reached at Health Partners Dental centres. T&Cs apply.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/extras-cover>

Ambulance cover

In All States this policy provides:

Emergency: with a waiting period of 2 months, limited to \$20,000 per policy and 1 services per year.

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

State schemes provide ambulance services for residents of Tasmania

(https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

Other features of this ambulance cover

Ambulance is limited to 1 per person, per year up to \$20,000; maximum 2 per policy. You will be covered for the cost of service required on medical grounds (excluding clinic-car type transport) that is deemed or classified as 'emergency' only (emergency classification determined by approved ambulance provider). Additionally, you will be covered for treatment where no transport is required. This will count towards your annual limit.

For further information about this policy see

PrivateHealth.gov.au

PolicyID: SPS/I1/AABF10

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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.