

## Private Health Information Statement - General treatment policy

### Standard Extras with Natural Therapies

#### Health Partners

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

[ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)

1300 113 113

#### Monthly Premium

**\$160.55 #**

(before any rebate or insurer discount)

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

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.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

### General Treatment Cover

At our providers: 60% benefit for dental and optical. Major Dental limit is \$900 and optical limit is \$270 for prescription glasses and \$150 for contacts. Only pay \$20 for eligible Physio consults, \$750 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 1 gap-free dental check-up at Health Partners Dental & participating dental providers. Healthier Living provides health management service and benefits, such as Bowel Cancer Screening Kits, Diabetes Membership, Gym and Fitness, Mole Check Body Scan, & Post-Natal Lactation Consultations - Benefits and limits vary. 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 - \$25.60 Scale & clean - \$52.00 Fluoride treatment - \$16.00 Surgical tooth extraction - \$112.00
Major dental*	12	\$900 per person	Full crown veneered - \$500.00
Endodontic*	12	\$500 per person	Filling of one root canal - \$108.00
Orthodontic	12	\$1,500 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical*	2	\$200 per person (Sub-limits apply)	Single vision lenses & frames - 40% of charge Multi-focal lenses & frames - 40% of charge
Non PBS pharmaceuticals*	2	\$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - n/a
Physiotherapy*	2	\$450 per person	Initial visit - \$26.00 Subsequent visit - \$20.00
Chiropractic	2	\$350 per person (combined limit for chiropractic, acupuncture, exercise physiology & osteopathy)	Initial visit - \$30.00 Subsequent visit - \$21.00
Podiatry	2	\$60 per person	Initial visit - \$15.00 Subsequent visit - \$15.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$27.60 Subsequent visit - \$21.00
Remedial massage	2	\$160 per person (combined limit for remedial massage, chinese medicine & other services)	Initial visit - \$20.00 Subsequent visit - \$20.00

Blood glucose monitors	12	\$100 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Remedial massage	Initial visit - \$20.00 Subsequent visit - \$20.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$24.00 Subsequent visit - \$18.00
Health management / Healthy lifestyle*	2	\$150 per person (combined limit for health management / healthy lifestyle & other services)	Health management - 100% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$21.00
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** Hearing aids

**X** Psychology

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Benefits available for Asthmatic Spray Appliances. 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. Natural Therapies provides benefits for Remedial Massage, Chinese Herbalism, Myofascial Release, Therapeutic Massage, Swedish Massage, Myotherapy and Nutritionist. Benefit \$20 per consultation and total annual limit for all combined Natural Therapy services is \$160 per person. 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](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

<https://www.healthpartners.com.au/health-insurance/understanding-private-health-insurance/>

### 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.