

## Private Health Information Statement - General treatment policy

### Growing Family Extras

#### Health Partners

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

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

1300 113 113

#### Monthly Premium

**\$171.17<sup>#</sup>**

(before any rebate or insurer discount)

Covers one adult & dependants,  
including non-student dependants  
(2 or more people, only one of  
whom is an adult)

Available in Northern Territory

<sup>#</sup> 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

Health Partners operates a preferred provider scheme available only in South Australia. 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 and 100% back on a dental check-up, including x-rays, will apply. 100% back up to your optical limits applies anywhere (bonus \$100 on top of your limit at Health Partners Optical). At Health Partners Optical you also receive 40% thereafter once limit reached. Kids receive 100% back at Health Partners Dental (General and Major) as well as Health Partners participating physiotherapist. Waiting periods, exclusions, limits and conditions may apply.*

| Treatment                     | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                     | Examples of maximum benefits                                                                                                           |
|-------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| General dental*               | 2                       | \$800 per person                                                                                                                                                           | Periodic oral examination - \$34.50<br>Scale & clean - \$74.00<br>Fluoride treatment - \$20.50<br>Surgical tooth extraction - \$215.50 |
| Major dental*                 | 12                      | \$500 per person<br>(combined limit for major dental & endodontic)                                                                                                         | Full crown veneered - \$500.00                                                                                                         |
| Endodontic*                   | 12                      |                                                                                                                                                                            | Filling of one root canal - \$174.50                                                                                                   |
| Optical*                      | 2                       | \$200 per person                                                                                                                                                           | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Non PBS pharmaceuticals*      | 2                       | \$200 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                                                                            | Per eligible prescription - n/a                                                                                                        |
| Physiotherapy*                | 2                       | \$500 per person<br>(combined limit for physiotherapy, chiropractic, podiatry, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses) & osteopathy) | Initial visit - \$40.00<br>Subsequent visit - \$35.00                                                                                  |
| Chiropractic                  | 2                       |                                                                                                                                                                            | Initial visit - \$40.00<br>Subsequent visit - \$35.00                                                                                  |
| Podiatry                      | 2                       |                                                                                                                                                                            | Initial visit - \$35.00<br>Subsequent visit - \$30.00                                                                                  |
| Psychology                    | 2                       | \$300 per person<br>(combined limit for psychology, ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy & speech therapy)                        | Initial visit - \$75.00<br>Subsequent visit - \$75.00                                                                                  |
| Acupuncture                   | 2                       | \$200 per person<br>(combined limit for acupuncture, remedial massage & chinese medicine)                                                                                  | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                                                                  |
| Remedial massage              | 2                       |                                                                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                                                                  |
| Ante-natal/Post-natal classes | 2                       | Combined limit - see Psychology                                                                                                                                            | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                      |

|                                |    |                                              |                                                       |
|--------------------------------|----|----------------------------------------------|-------------------------------------------------------|
| Chinese medicine               | 2  | Combined limit - see Acupuncture             | Initial visit - \$30.00                               |
| Dietetics/dietary advice       | 2  | Combined limit - see Psychology              | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Exercise physiology            | 2  | Combined limit - see Physiotherapy           | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)       | 2  | Combined limit - see Physiotherapy           | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Occupational therapy           | 2  | Combined limit - see Psychology              | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Physiotherapy           | Orthotics supply & fit - 60% of charge                |
| Osteopathy                     | 2  | Combined limit - see Physiotherapy           | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Speech therapy                 | 2  | Combined limit - see Psychology              | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Vaccinations*                  | 2  | Combined limit - see Non PBS pharmaceuticals | Per service - n/a                                     |

In South Australia, get more from your cover by using Health Partners Dental and Optical practices - like 100% back on your dental check-up (including x-rays). Plus, 60% benefit on other general and major dental services, up to your limits. At Health Partners Optical, you get 100% back on your optical limit, and an unlimited 40% benefit after you've reached your limit. 100% back on your optical limit is also available at other recognised optical providers, sub-limit applies. At our participating physios get 60% back on a physio visit, up to your limit. 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

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

#### Other features of this general treatment cover

Combined limits create flexibility for you to use your limit on what's important to you. Acupuncture and remedial massage limits also includes other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. T&Cs apply.

### Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

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

#### Other features of this ambulance cover

Unlimited emergency ambulance as defined by Health Partners, is for an unplanned event where there is a serious threat to your health, as a result of an accident, serious medical event or trauma, and immediate medical treatment is needed. Transport costs are covered from the place where you are initially treated, to the nearest hospital that can provide the necessary emergency medical treatment. This includes treatment where no transport is provided. It also includes transport between hospitals only where the required emergency care could not be provided at the transferring hospital. See Health Partners Member Guide for Terms & Conditions.

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.