

## Private Health Information Statement - General treatment policy

### Rolling Extras

#### Police Health

<http://www.policehealth.com.au>  
[enquiries@policehealth.com.au](mailto:enquiries@policehealth.com.au)  
1800 603 603

#### Monthly Premium

**\$293.94<sup>#</sup>**  
(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)  
**Available in South Australia**

<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 and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Membership of this insurer is restricted to Members of Australia's police community, and their families.

### General Treatment Cover

Benefits are payable at any provider (as long as they are registered and recognised by us) giving members ultimate freedom of choice.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Our unique Rollover Benefit lets you rollover unclaimed annual maximums from one calendar year to the next on the majority of Extras services, except major dental which requires 2 years of membership. For example, if you go a year without claiming Optical benefits (such as new prescription glasses and/or contact lenses) your \$350 Annual Maximum turns into a Rollover Maximum of \$700 the following calendar year. Waiting periods and conditions apply.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                     | Examples of maximum benefits                                                                                                            |
|--------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| General dental           | 2                       | No annual limit (Some service limits apply)                                                                                                                | Periodic oral examination - \$55.20<br>Scale & clean - \$116.60<br>Fluoride treatment - \$34.00<br>Surgical tooth extraction - \$248.40 |
| Major dental*            | 12                      | \$1,500 per person (Rollover benefit applies)                                                                                                              | Full crown veneered - \$1,854.60                                                                                                        |
| Endodontic*              | 2                       | No annual limit                                                                                                                                            | Filling of one root canal - \$262.20                                                                                                    |
| Orthodontic              | 12                      | \$1,500 per person<br>\$3,000 lifetime limit                                                                                                               | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge                                              |
| Optical*                 | 2                       | \$350 per person (Rollover benefit applies)                                                                                                                | Single vision lenses & frames - \$276.00<br>Multi-focal lenses & frames - \$388.40                                                      |
| Non PBS pharmaceuticals* | 2                       | \$600 per person (Rollover benefit applies)<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                                 | Per eligible prescription - \$60.00                                                                                                     |
| Physiotherapy*           | 2                       | \$850 per person (Rollover benefit applies)<br>(combined limit physiotherapy & exercise physiology)                                                        | Initial visit - \$106.40<br>Subsequent visit - \$89.90                                                                                  |
| Chiropractic*            | 2                       | \$700 per person (Rollover benefit applies)<br>(combined limit chiropractic, acupuncture, remedial massage, chinese medicine, osteopathy & other services) | Initial visit - \$80.90<br>Subsequent visit - \$50.80                                                                                   |
| Podiatry*                | 2                       | \$700 per person (Rollover benefit applies)<br>(combined limit podiatry & orthotics (podiatric orthoses))                                                  | Initial visit - \$74.50<br>Subsequent visit - \$63.40                                                                                   |
| Psychology*              | 2                       | \$850 per person (Rollover benefit applies)<br>(combined limit psychology & other services)                                                                | Initial visit - \$237.30<br>Subsequent visit - \$237.30                                                                                 |
| Acupuncture*             | 2                       | Combined limit - see Chiropractic                                                                                                                          | Initial visit - \$82.80<br>Subsequent visit - \$69.00                                                                                   |

|                                 |    |                                                    |                                                         |
|---------------------------------|----|----------------------------------------------------|---------------------------------------------------------|
| Remedial massage*               | 2  | Combined limit - see Chiropractic                  | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Hearing aids                    | 12 | \$1,200 per person<br>1 appliance(s) every 5 years | Hearing aid - 80% of charge                             |
| Blood glucose monitors          | 12 | \$250 per person<br>1 appliance(s) every 3 years   | Per monitor - 80% of charge                             |
| Chinese medicine*               | 2  | Combined limit - see Chiropractic                  | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Dietetics/dietary advice*       | 2  | \$600 per person (Rollover benefit applies)        | Initial visit - \$175.20<br>Subsequent visit - \$89.60  |
| Exercise physiology*            | 2  | Combined limit - see Physiotherapy                 | Initial visit - \$87.40<br>Subsequent visit - \$57.90   |
| Eye therapy (orthoptics)*       | 2  | \$600 per person (Rollover benefit applies)        | Initial visit - \$87.30<br>Subsequent visit - \$58.90   |
| Occupational therapy*           | 2  | \$600 per person (Rollover benefit applies)        | Initial visit - \$165.60<br>Subsequent visit - \$112.00 |
| Orthotics (podiatric orthoses)* | 2  | Combined limit - see Podiatry                      | Orthotics supply & fit - \$414.00                       |
| Osteopathy*                     | 2  | Combined limit - see Chiropractic                  | Initial visit - \$104.80<br>Subsequent visit - \$80.90  |
| Speech therapy*                 | 2  | \$850 per person (Rollover benefit applies)        | Initial visit - \$191.20<br>Subsequent visit - \$177.60 |
| Vaccinations*                   | 2  | Combined limit - see Non PBS pharmaceuticals       | Per service - \$60.00                                   |

Most benefits paid at 80% of charge up to amount shown in benefit examples. Remedial massage & Chinese medicine are a fixed benefit. Pharmaceutical benefit applies after \$23 co-payment. Other services covered include, but not limited to: Myotherapy, Counselling, Blood Pressure Monitors, Nebulisers, TENS machines, Anticoagulation machine. Please call for more information.

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

Loyalty benefit applies to Hearing Aids after 10 years of continuous cover. Enjoy fast, easy claiming via our app, or simply swipe your membership card at the provider.

For further information about this policy see

<https://policehealth.com.au/rolling-extras>

## Ambulance cover

In South Australia this policy provides:

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

**Non-emergency:** Unlimited transport 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

In some instances, Department of Veterans Affairs Gold Card, pension and healthcare card holders may be exempt from paying for ambulance services in their state of residence. Under those arrangements, the relevant scheme is responsible for the cost and Police Health only pay a benefit if the cost isn't fully covered by the arrangement or scheme.

For further information about this policy see

<https://www.policehealth.com.au/information-hub/benefit-guides/ambulance-benefit-guide/>

## 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.