

**Health Partners**
Combined Best Extras**\$235.95 / month**

(Before Rebate, Discount & Loading)

Available in WA

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: One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified* dependant and student in these age ranges.

*Non-classified dependant: Non-classified dependant means a person who is aged between 18 and 20 (inclusive), is not married or living in a de facto relationship, and is a child of the policyholder or child of the policyholder's partner. References to Child Dependand include Non-Classified Dependand.

This policy must be purchased with a hospital policy.

Health Partners operates a preferred provider scheme available only in South Australia. See

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

Policy ID: SPS/E81/WDTP1D**Source: Private Health Information Statement (PHIS).**

Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with *: 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 2 x dental check-ups, including x-rays, will apply. General, Major and Endodontic dental benefits are based on the Health Partners schedule of fees. If your provider charges a higher fee, a larger gap payment will apply. 100% back up to your optical limits applies anywhere (sub-limit applies at recognised providers), but at Health Partners Optical you also receive 40% thereafter once limit reached. At Health Partners participating physiotherapists higher benefits apply. T&Cs apply.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$300 per person combined limit for acupuncture, chinese medicine & remedial massage	- Initial visit: \$35 - Subsequent visit: \$35
✓ Blood glucose monitors	12	\$600 per person combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services sub-limits apply	Per monitor: 90% of charge
✓ Chinese medicine	2	\$300 per person combined limit for acupuncture, chinese medicine & remedial massage	- Initial visit: \$35 - Subsequent visit: \$35
✓ Chiropractic	2	\$1,300 per person combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	- Initial visit: \$50 - Subsequent visit: \$40

✓ Dietetics/dietary advice	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$50 - Subsequent visit: \$50
✓ Endodontic*	12	\$1,300 per person combined limit for endodontic & major dental	Filling of one root canal: 80% of charge
✓ Exercise physiology	2	\$1,300 per person combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	- Initial visit: \$50 - Subsequent visit: \$40
✓ Eye therapy (orthoptics)	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$50 - Subsequent visit: \$50
✓ General dental*	2	No annual limit	- Fluoride treatment: 80% of charge - Scale & clean: 80% of charge - Surgical tooth extraction: 80% of charge - Periodic oral examination: 80% of charge
✓ Health management / Healthy lifestyle	2	\$200 per person	Health management: 90% of charge
✓ Hearing aids	12	\$600 per person combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services sub-limits apply	Hearing aid: 90% of charge
✓ Major dental*	12	\$1,300 per person combined limit for endodontic & major dental	Full crown veneered: 80% of charge
✓ Non PBS pharmaceuticals*	2	\$600 per person combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$0
✓ Occupational therapy	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$75 - Subsequent visit: \$75
✓ Optical*	2	\$300 per person sub-limits apply	- Multi-focal lenses & frames: 100% of charge - Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$2,800 lifetime limit sub-limits apply	Braces for upper & lower teeth, including removal plus fitting of retainer: 100% of charge
✓ Orthotics (podiatric orthoses)	12	\$600 per person combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services sub-limits apply	Orthotics supply & fit: 90% of charge
✓ Osteopathy	2	\$1,300 per person combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	- Initial visit: \$50 - Subsequent visit: \$40

✓ Physiotherapy*	2	\$1,300 per person combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy sub-limits apply	- Initial visit: \$50 - Subsequent visit: \$40
✓ Podiatry	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$50 - Subsequent visit: \$50
✓ Psychology	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$100 - Subsequent visit: \$100
✓ Remedial massage	2	\$300 per person combined limit for acupuncture, chinese medicine & remedial massage	- Initial visit: \$35 - Subsequent visit: \$35
✓ Speech therapy	2	\$750 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy	- Initial visit: \$75 - Subsequent visit: \$75
✓ Vaccinations*	2	\$600 per person combined limit for non pbs pharmaceuticals & vaccinations	Per service: \$0

In South Australia, get more from your cover by using Health Partners Dental and Optical practices – like 100% back on 2 x dental check-ups (including x-rays) and a mouthguard. Plus, 90% 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 once you have 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 100% back on 2 physio visits and 90% thereafter, 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 **does not include** General treatment (Extras) cover for

✗ Ante-natal/Post-natal classes

✗ Audiology

✗ Home nursing

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 can also be used for other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. Also combined with the Hearing Aid limit is other appliances such as CPAP Machine, nebuliser & spacer devices. Sub-limits apply. Health Management limits include benefits for bowel screening, diabetes membership, weight management, post-natal lactation consultation and gym & fitness benefit (when medically necessary). T&Cs apply.

For further information about this policy see: <https://www.healthpartners.com.au/health-insurance/extras-cover>

Ambulance cover

In WA this policy provides:

Emergency: With a waiting period of 2 months, limited to \$20,000 per person per year, 1 service per year.

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

Other features of this ambulance cover: Ambulance is limited to 1 per person, per year up to \$20,000. 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/>

Insurer Details



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Available in WA

Call now  **1300 113 113**
Sponsor link

Health Partners

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

 ask@healthpartners.com.au

 **1300 113 113**

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