

**Health Partners**  
Combined Good Extras**\$156.48 / 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, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-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/E83/WFIC1Y

**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 a dental check-up, 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  | <b>\$100 per person</b><br>combined limit for acupuncture, remedial massage & other services                                                                  | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$25</li></ul> |
| ✓ Endodontic*                       | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"><li>Filling of one root canal: 55% of charge</li></ul>           |

|                                   |    |                                                                                                                                                               |                                                                                                                                                                                                                                   |
|-----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Exercise physiology</b>      | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ <b>Eye therapy (orthoptics)</b> | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>General dental*</b>          | 2  | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"> <li>Fluoride treatment: 55% of charge</li> <li>Scale &amp; clean: 55% of charge</li> <li>Surgical tooth extraction: 55% of charge</li> <li>Periodic oral examination: 55% of charge</li> </ul> |
| ✓ <b>Major dental*</b>            | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"> <li>Full crown veneered: 55% of charge</li> </ul>                                                                                                                                              |
| ✓ <b>Non PBS pharmaceuticals*</b> | 2  | <b>\$200 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                          | <ul style="list-style-type: none"> <li>Per eligible prescription: \$0</li> </ul>                                                                                                                                                  |
| ✓ <b>Occupational therapy</b>     | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>Optical*</b>                 | 2  | <b>\$200 per person</b><br>sub-limits apply                                                                                                                   | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                                                                      |
| ✓ <b>Osteopathy</b>               | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ <b>Physiotherapy*</b>           | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply                               | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ <b>Podiatry</b>                 | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>Psychology</b>               | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                                                                                             |
| ✓ <b>Remedial massage</b>         | 2  | <b>\$100 per person</b><br>combined limit for acupuncture, remedial massage & other services                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>Speech therapy</b>           | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |

- ✓ **Vaccinations\***      2      **\$200 per person**      • Per service: \$0  
combined limit for non pbs pharmaceuticals & vaccinations

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 100% back on a physio visit and 60% 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 | ✗ Chinese medicine                      | ✗ Home nursing                   |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |

**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.

**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 policy 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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Call now  **1300 113 113**  
Sponsor link

**Health Partners**

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

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

 **1300 113 113**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/SPS/E83/WFIC1Y>