



Health Partners
Growing Family Extras

\$163.80 / month
(Before Rebate, Discount & Loading)
Available in NT

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: Two adults & dependants (3 or more people, only 2 of whom are adults).

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.

Health Partners operates a preferred provider scheme available only in South Australia. See <https://www.healthpartners.com.au/members/providers/>.

Policy ID: SPS/E90/DHTV2D

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. 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 |
|-------------------------------------|---|---|---|
| ✓ Acupuncture | 2 | \$200 per person combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30 |
| ✓ Ante-natal/Post-natal classes | 2 | \$300 per person combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge |
| ✓ Chinese medicine | 2 | \$200 per person combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none"> Initial visit: \$30 |
| ✓ Chiropractic | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$35 |

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| ✓ Dietetics/dietary advice | 2 | \$300 per person combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$30 |
| ✓ Endodontic* | 12 | \$500 per person combined limit for endodontic & major dental | <ul style="list-style-type: none"> Filling of one root canal: \$169.5 |
| ✓ Exercise physiology | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$35 |
| ✓ Eye therapy (orthoptics) | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$30 |
| ✓ General dental* | 2 | \$800 per person | <ul style="list-style-type: none"> Fluoride treatment: \$20 Scale & clean: \$72 Surgical tooth extraction: \$209 Periodic oral examination: \$33.5 |
| ✓ Major dental* | 12 | \$500 per person combined limit for endodontic & major dental | <ul style="list-style-type: none"> Full crown veneered: \$884 |
| ✓ Non PBS pharmaceuticals* | 2 | \$200 per person combined limit for non pbs pharmaceuticals & vaccinations | <ul style="list-style-type: none"> Per eligible prescription: \$0 |
| ✓ Occupational therapy | 2 | \$300 per person combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$30 |
| ✓ Optical* | 2 | \$200 per person | <ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge |
| ✓ Orthotics (podiatric orthoses) | 12 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Orthotics supply & fit: 60% of charge |
| ✓ Osteopathy | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$35 |
| ✓ Physiotherapy* | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$35 |
| ✓ Podiatry | 2 | \$500 per person combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$30 |

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| ✓ Psychology | 2 | \$300 per person combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$75 |
| ✓ Remedial massage | 2 | \$200 per person combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30 |
| ✓ Speech therapy | 2 | \$300 per person combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$30 |
| ✓ Vaccinations* | 2 | \$200 per person combined limit for non pbs pharmaceuticals & vaccinations | <ul style="list-style-type: none"> Per service: \$0 |

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 does not include General treatment (Extras) cover for

- ✗ Audiology
- ✗ Health management / Healthy lifestyle
- ✗ Home nursing
- ✗ Blood glucose monitors
- ✗ Hearing aids
- ✗ Orthodontic

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 NT 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/>

Insurer Details



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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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