

**Health Partners**  
**National Extras****\$254.50 / month**

(Before Rebate, Discount &amp; Loading)

Available in All States

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, including non-student dependants (3 or more people, only 2 of whom are adults).

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.

Provides higher benefits for country South Australia and interstate members, who cannot access Health Partners' own network of providers. Services within the metropolitan area provide benefits the same as Top Extras. See <https://www.healthpartners.com.au/members/providers/>.

**Policy ID: SPS/I4/AFIR2Y****Source: Private Health Information Statement (PHIS)**

## Extras Cover

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

Note, for treatments marked with \*: Healthier Living provides health management service and benefits, such as Bowel Cancer Screening Kits, Diabetes Membership, Gym and Fitness, Mole Check Body Scan, Weight Management & Post-Natal Lactation Consult - Benefits and limits vary. Loyalty bonuses apply to Occupational, Speech therapy and Aids & Appliances. T&Cs apply.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                  | Examples of maximum benefits                                                                           |
|-------------------------------------|----|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | \$500 per person                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$37.2</li><li>Subsequent visit: \$27.6</li></ul> |
| ✓ Blood glucose monitors*           | 12 | \$250 per person<br>sub-limits apply                                                  | <ul style="list-style-type: none"><li>Per monitor: 85% of charge</li></ul>                             |
| ✓ Chiropractic                      | 2  | \$500 per person<br>combined limit for chiropractic, exercise physiology & osteopathy | <ul style="list-style-type: none"><li>Initial visit: \$42</li><li>Subsequent visit: \$27</li></ul>     |
| ✓ Dietetics/dietary advice          | 2  | \$450 per person                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$35</li></ul>     |
| ✓ Endodontic                        | 12 | \$1,000 per person                                                                    | <ul style="list-style-type: none"><li>Filling of one root canal: \$137.7</li></ul>                     |
| ✓ Exercise physiology               | 2  | \$500 per person<br>combined limit for chiropractic, exercise physiology & osteopathy | <ul style="list-style-type: none"><li>Initial visit: \$28</li><li>Subsequent visit: \$21</li></ul>     |

|                                          |    |                                                                                       |                                                                                                                                                                                                         |
|------------------------------------------|----|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Eye therapy (orthoptics)               | 2  | \$250 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> </ul>                                                                                                                                   |
| ✓ General dental                         | 2  | No annual limit                                                                       | <ul style="list-style-type: none"> <li>Fluoride treatment: \$20.4</li> <li>Scale &amp; clean: \$66.3</li> <li>Surgical tooth extraction: \$142.8</li> <li>Periodic oral examination: \$32.65</li> </ul> |
| ✓ Health management / Healthy lifestyle* | 2  | \$200 per person                                                                      | <ul style="list-style-type: none"> <li>Health management: 100% of charge</li> </ul>                                                                                                                     |
| ✓ Hearing aids*                          | 12 | \$800 per person                                                                      | <ul style="list-style-type: none"> <li>Hearing aid: 85% of charge</li> </ul>                                                                                                                            |
| ✓ Major dental                           | 12 | \$1,500 per person                                                                    | <ul style="list-style-type: none"> <li>Full crown veneered: \$816</li> </ul>                                                                                                                            |
| ✓ Non PBS pharmaceuticals                | 2  | \$600 per person<br>combined limit for non pbs pharmaceuticals & vaccinations         | <ul style="list-style-type: none"> <li>Per eligible prescription: \$50</li> </ul>                                                                                                                       |
| ✓ Occupational therapy*                  | 2  | \$350 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                   |
| ✓ Optical                                | 2  | \$300 per person                                                                      | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 55% of charge</li> <li>Single vision lenses &amp; frames: 55% of charge</li> </ul>                                              |
| ✓ Orthodontic                            | 12 | \$2,500 lifetime limit<br>sub-limits apply                                            | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 70% of charge</li> </ul>                                                         |
| ✓ Orthotics (podiatric orthoses)         | 2  | \$300 per person                                                                      | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                                                             |
| ✓ Osteopathy                             | 2  | \$500 per person<br>combined limit for chiropractic, exercise physiology & osteopathy | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$27</li> </ul>                                                                                                   |
| ✓ Physiotherapy                          | 2  | \$600 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$24</li> </ul>                                                                                                   |
| ✓ Podiatry                               | 2  | \$500 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$24</li> </ul>                                                                                                   |
| ✓ Psychology                             | 2  | \$400 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$70</li> </ul>                                                                                                   |
| ✓ Remedial massage                       | 2  | \$100 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>                                                                                                   |
| ✓ Speech therapy*                        | 2  | \$400 per person                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                   |
| ✓ Vaccinations                           | 2  | \$600 per person<br>combined limit for non pbs pharmaceuticals & vaccinations         | <ul style="list-style-type: none"> <li>Per service: \$50</li> </ul>                                                                                                                                     |

At Health Partners, we want to help you get the most out of your cover. That's why we have invested in our own Health Partners dental and optical services. When you use these services or our network of participating dentists, pharmacies and physiotherapists, higher benefits and limits may apply. Contact us for more information.

**This policy does not include General treatment (Extras) cover for**

- |                                 |                    |
|---------------------------------|--------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Chinese medicine |
| ✗ Audiology                     | ✗ Home nursing     |

**Other features of this general treatment cover:** Shared benefits for Psychology and Hypnotherapy. Benefits available for Asthmatic Spray Appliances, Blood Pressure Machines, Low Vision Optical Magnification Aids, Circulation Boosters and Sleep Apnoea Machines. T&Cs apply.

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

## Ambulance cover

In all states 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.

State schemes provide ambulance services for residents of Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au>).

**Other features of this ambulance cover:** Ambulance is limited to 1 per person, per year up to \$20,000; maximum 2 per policy. 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



### Health Partners National Extras

**\$254.50 / month**

(Before Rebate, Discount &amp; Loading)

Available in All States

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**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/SPS/I4/AFIR2Y>