

**Please note:** this product is no longer available for sale.  
It is restricted to policies that held this product at the time of closure.

This Product Summary should be read together with the see-u Member Guide. Together, these documents set out important information including how your cover works, as well as your rights and obligations under your cover.

Service Category	Items & Services	Waiting Periods	Annual Limit	Sub-limits
General Dental	Preventative treatment	2 Months	Year 1 - \$700 Year 2 - \$800 Year 3+ - \$900	No sub-limit applies
	Dental examinations			
	Scale and clean			
	Extractions			
	Fillings			
Major Dental	X-Rays	12 Months	Year 1 - \$700 Year 2 - \$750 Year 3+ - \$800	No sub-limit applies
	Periodontics (e.g. treatment of gum disease)			
	Crowns, dentures & bridges			
	Root canal			
Orthodontics	Provision of braces and adjustments	12 Months	\$500	Lifetime limit \$1500
Optical	Prescription lenses (includes frames when invoiced together)	6 Months	\$200	No sub-limit applies
	Contact lenses		(100% up to limit)	
Physiotherapy	Consultations	2 Months	Year 1 - \$550 Year 2 - \$600 Year 3+ - \$650	No sub-limit applies
Chiropractic Osteopathy	Consultations	2 Months	\$400	No sub-limit applies
Wellness Benefits	Health association fees & subscriptions	6 Months	Year 1 - \$100 Year 2 - \$150 Year 3+ - \$200	Individual sub-limits apply
	Health management programs			
	Health checks, scans & screenings			
Podiatry	Consultations	2 Months	\$225	No sub-limit applies
	Biomechanical assessments			
	Custom orthotics (excludes pre-made and off-the-shelf orthotics)	12 Months		
Alternative Therapy	<b>Service Group 1:</b> Acupuncture & Chinese herbalism	2 Months	\$250 (up to \$500 per family)	\$150 per service group
	<b>Service Group 2:</b> Remedial massage			
Psychology	Consultations	2 Months	\$250	No sub-limit applies
Speech Therapy				
Eye/Orthoptic Therapy				
Occupational Therapy				
Dietetics and Nutrition				
Exercise Physiology				
Health Aids & Appliances	Hearing aids	12 Months	\$600	Individual sub-limits and replacement periods apply
	Blood glucose monitors			
	Nebulisers			
	CPAP devices			
	TENS machine			
	Mammary prostheses			
Blood pressure monitor				
Non PBS Pharmaceuticals	Benefits for some prescription drugs that are not subsidised by the government under Pharmaceutical Benefits Scheme & comply with the fund benefit eligibility.	2 Months	\$300^^	No sub-limit applies
Ambulance Transport	For residents of all states, except QLD & TAS, benefits are payable for Emergency only ambulance transport anywhere in Australia (including Air Ambulance). Refer to the CUA Health Member Guide for more details.	1 Day	No annual limit	No sub-limit applies

^^ You pay an amount equal to the PBS contribution before a benefit is paid per script

# Important Information

## Waiting Periods

When you first join see-u or upgrade your cover to include new services, there's a period you'll need to wait before you're able to claim certain services.

If you're transferring from another health fund, any waiting periods you've already served with your previous health fund for the same services will be recognised on an equivalent see-u cover. Please refer to the see-u Member Guide for more information on transferring from another health fund.

## Annual Limit

An annual limit is the maximum amount of benefits payable towards services, items or groups of services and/or items within a calendar year.

## Sub-Limit

A sub-limit is the maximum amount you can claim for a specific service, which is deducted from a larger annual limit.

## Benefit Replacement Period

A benefit replacement period is a set period you need to wait from the date of purchase for an item before you can receive another benefit to replace the item. This is separate to any waiting periods you may have to serve.

## Health Aids & Appliances

Individual sub-limits and benefits may apply for each type of Health aid/appliance. Benefits are only paid towards the purchase and repair of appliances. No benefits are paid to rent a device.

The table below lists the benefit replacement periods and any individual sub-limit amounts that apply to the different services/product.

Health Aid/Appliance	Sub-Limit	Benefit	Benefit Replacement Period
Nebuliser	\$200	60% of the cost up to the sub-limit	2 Years (one device, per person)
CPAP devices (including mask)	\$350		
Blood glucose monitor	\$350		
Peak flow meter/spacer	\$35		12 Months (one device, per person)
Tens machine/circulation booster	\$125		
Blood pressure monitor	\$125		
Hearing aid device	No sub-limit		3 Years (per person, per hearing aid)
Mammary prosthesis	\$125		
Repairs on appliances	\$100	60% of the cost up to sub-limit of \$100 within limit for that aid/appliance	No replacement period

## Wellness Benefits

Benefits are payable for services where they're part of a health management program or provided on the advice of a health professional approved by us and where treatment is intended to improve a specific health condition/s. Please refer to the see-u Member Guide for further information.

The table below lists any individual sub-limits and benefits that apply to the different services.

Wellness Benefits	Benefit	Sub-Limit
Quit smoking	50% of the cost up to the sub-limit or annual limit	\$75
Health association fees & subscriptions		\$75
Health management programs		\$100
Health checks, scans & screenings		\$50
Kids swimming lessons		\$100
Travel expenses		\$100
Travel vaccinations		\$35
Mammograms		No sub-limit applies
Weight control		\$100

## Examples of benefits

<b>Dental</b>	<b>Item Number</b>	<b>Benefit</b>
Periodic oral examination	012	\$29.00
X-Rays	022	\$23.00
Scale & clean	114	\$58.00
Fluoride treatment	121	\$18.00
Non-surgical extraction	311	\$83.00
Surgical extraction	322	\$132.00
Root canal obturation	417	\$138.00
One surface filling	511	\$69.00
Three surface fillings	513	\$99.00
Crown	615	\$650.00
Bridge	643	\$566.00
Full dentures	719	\$650.00
<b>Optical</b>		
Frames, lenses, tinting, repairs, contact lenses - available by prescription only		100 % up to annual limit
<b>Physiotherapy</b>		
Initial consultation		\$45.00
Subsequent consultation		\$34.00
<b>Chiropractic</b>		
Initial consultation		\$42.00
Subsequent consultation		\$28.00
<b>Osteopathic</b>		
Initial consultation		\$42.00
Subsequent consultation		\$28.00
<b>Acupuncture</b>		
Initial consultation		\$36.00
Subsequent consultation		\$22.00
<b>Chinese Herbalism</b>		
Consultation		\$20.00
<b>Remedial Massage</b>		
Consultation		\$20.00
<b>Pharmacy</b>		
Per script - after PBS equivalent co-payment subtracted		Up to \$35.00
<b>Podiatry</b>		
Initial consultation		\$32.00
Subsequent consultation		\$25.00
Podiatry related aid		60%
Podiatry surgery		60%
<b>Psychology</b>		
Initial consultation		\$70.00
Subsequent consultation		\$55.00
<b>Eye Therapy</b>		
Consultation		\$69.00
<b>Occupational Therapy</b>		
Initial consultation		\$47.00
Subsequent consultation		\$30.00
<b>Speech Therapy</b>		
Initial consultation		\$64.00
Subsequent consultation		\$30.00
<b>Dietician and Nutritionist</b>		
Initial consultation		\$41.00
Subsequent consultation		\$23.00
<b>Exercise Physiology</b>		
Consultation		\$36.00
Group session		\$7.00

# Other features and benefits

## Discounts from Optical Retailers

see-u members get additional discounts and free services, assessments or fitting sessions at leading Optical providers including Luxottica (OPSM, Laubman & Pank), OPSM Direct, Specsavers, Eyebenefit and others.

Refer to <https://www.seeuhealthinsurance.com.au> or the see-u Member Guide for details of discounts available at each provider.

## Bonus Dental Check-Ups

On Classic extras, you will receive additional general dental benefits to help reduce or eliminate the cost of dental care. For routine dental services (comprehensive examination – item 011, periodic oral examination - item 012, scaling/cleaning – item 114, and fluoride – item 121) there will be no out of pocket expenses up to a total value of \$250 per visit, for the first visit every year for adults and for two visits every year for dependant children on the policy. Dependant children can also claim one mouth guard item – 151 per calendar year. This benefit is paid out of the general dental annual limits.

## Member Discount

Get a 4% discount on your premium when you register to pay by direct debit from a Great Southern Bank transaction account, when you hold an eligible product. To find out more, please refer to the see-u Member Guide.



Current as at 1 March 2024. We may change product features and benefits from time to time, but we will give you reasonable notice before making any detrimental changes. Visit <https://www.seeuhealthinsurance.com.au> or call us on 1300 499 260 to make sure you have the latest Product Summary. HBF Health Limited ABN 11 126 884 786 trading as see-u by HBF ("see-u", "we" or "us").

**see-u is a registered private health insurer under the Private Health Insurance Act. We're committed to the Private Health Insurance Code of Conduct. For more information please visit [www.privatehealth.com.au/codeofconduct/](http://www.privatehealth.com.au/codeofconduct/)**

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