

# Product Summary **Essential Extras**

**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  Dental examinations  Scale and clean  Basic Extractions  Fillings  X-Rays  | 2 Months        | \$400                             | No sub-limit applies |
| Optical                 | Prescription lenses (includes frames when invoiced together)  Contact lenses   | 6 Months        | \$150<br>(100% up to limit)       | No sub-limit applies |
| Physiotherapy           | Consultations  | 2 Months        | \$250                             | No sub-limit applies |
| Chiropractic Osteopathy | Consultations  | 2 Months        | \$200                             | No sub-limit applies |
| Alternative Therapy     | Acupuncture & Chinese Herbalism Remedial Massage   | 2 Months        | \$100<br>(Up to \$200 per family) | No sub-limit applies |
| 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        | \$100^^                           | 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 |

<sup>^^</sup> 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.

### **Examples of Benefits**

| Dental   | Item Number                      | Benefit                  |
|--|----------------------------------|--------------------------|
| Periodic oral examination                        | 012                              | \$25.00                  |
| X-Rays   | 022                              | \$20.00                  |
| Scale & clean                                    | 114                              | \$50.00                  |
| Fluoride treatment                               | 121                              | \$16.00                  |
| Non-surgical extraction                          | 311                              | \$72.00                  |
| One surface filling                              | 511                              | \$60.00                  |
| Three surface fillings                           | 513                              | \$86.00                  |
| Optical  |                                  |                          |
| Frames, lenses, tinting, repairs, contact lenses | - available by prescription only | 100 % up to annual limit |
| Physiotherapy                                    |                                  |                          |
| Initial consultation                             |                                  | \$37.00                  |
| Subsequent consultation                          |                                  | \$24.00                  |
| Chiropractic                                     |                                  |                          |
| Initial consultation                             |                                  | \$33.00                  |
| Subsequent consultation                          |                                  | \$20.00                  |
| Osteopathic                                      |                                  |                          |
| Initial consultation                             |                                  | \$33.00                  |
| Subsequent consultation                          |                                  | \$20.00                  |
| Acupuncture                                      |                                  |                          |
| Initial consultation                             |                                  | \$30.00                  |
| Subsequent consultation                          |                                  | \$18.00                  |
| Chinese Herbalism                                |                                  |                          |
| Consultation                                     |                                  | \$18.00                  |
| Remedial Massage                                 |                                  |                          |
| Consultation                                     |                                  | \$18.00                  |
| Pharmacy   |                                  |                          |
| Per script - after PBS equivalent co-payment s   | subtracted                       | Up to \$25.00            |

### 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.

#### **General Dental Benefits for kids**

On Essential Extras, kids receive additional general dental benefits to help reduce or eliminate the cost of dental care. For routine dental services (periodic oral examination - item 012, scaling/cleaning – item 114, and fluoride – item 121) there will be no gap payable up to a total value of \$250 per visit, for two visits per year. This benefit is within the general dental annual limits and available to dependant children on the policy.

#### **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.

