

# Starter Extras

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.

Annual limits and waiting periods apply as set out below.

Inclusions - Commonly used services	Waiting Periods	Benefits	Annual Limits	
			Per person	Per Policy
General Dental				
Periodic oral examination (Item 012)	2 months	\$25	\$400	\$800
X-Rays (Item 022)		\$20		
Scale & Clean (Item 114)		\$50		
Fluoride Treatment (Item 121)		\$16		
Non-Surgical Extraction (Item 311)		\$72		
One Surface Filling (Item 511)		\$60		
Three Surface Fillings (Item 513)		\$86		
Optical				
Frames and prescription lenses	6 months	100% up to annual limit	\$150	\$300
Contact lenses				
Physiotherapy			Per person	Per Policy
Initial Consultation	2 months	\$35		
Subsequent Consultation		\$25		
Exercise Physiology				
Consultation	2 months	\$25	\$300 Combined limit	\$600 Combined limit
Group Consultation		\$15		
Chiropractic & Osteopathy				
Initial Consultation	2 months	\$35		
Subsequent Consultation		\$25		
X-ray – 1 per person per calendar year		\$39		
Alternative Therapies				
Remedial Massage	2 months	\$20	\$100	\$200
Acupuncture Consultations		\$20		

# **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.

#### **Combined Limit**

A combined annual limit is the maximum amount of benefits you can claim, distributed across a group of services.

#### **Per Person Limit**

Each person on your cover can claim up to the 'per person' limit, except where a policy limit applies and has already been reached by the other members on the policy.

### **Per Policy Limit**

This is the total amount that can be claimed if there is more than one member on your policy.

#### **Ambulance**

Emergency ambulance is not covered on this product.

## 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.

