

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 Extractions Fillings X-Rays	2 Months	No annual limit	No sub-limit applies
Major Dental	Periodontics (e.g. treatment of gum disease) Crowns, dentures & bridges Root canal	12 Months	\$1,600	No sub-limit applies
Orthodontics	Provision of braces and adjustments	12 Months	\$900	Lifetime limit \$2700
Optical	Prescription lenses (includes frames when invoiced together) Contact lenses	6 Months	\$250 (100% up to limit)	No sub-limit applies
Physiotherapy	Consultations	2 Months	Year 1 - \$700 Year 2 - \$800 Year 3+ - \$900	No sub-limit applies
Chiropractic Osteopathy	Consultations	2 Months	Year 1 - \$400 Year 2 - \$450 Year 3+ - \$500	No sub-limit applies
Wellness Benefits	Health association fees & subscriptions Health management programs Health checks, scans & screenings	6 Months	Year 1 - \$250 Year 2 - \$325 Year 3+ - \$400	Individual sub-limits apply
Podiatry	Consultations Biomechanical assessments Custom orthotics (excludes pre-made and off-the-shelf orthotics)	2 Months 12 Months	Year 1 - \$400 Year 2 - \$450 Year 3+ - \$500	No sub-limit applies
Alternative Therapy	Service Group 1: Acupuncture & Chinese Herbalism Service Group 2: Remedial Massage	2 Months	\$400 (up to \$800 per family)	\$250 per service group
Psychology Speech Therapy Eye/Orthoptic Therapy Occupational Therapy Dietetics and Nutrition Exercise Physiology	Consultations	2 Months	Year 1 - \$500 Year 2 - \$550 Year 3+ - \$600	No sub-limit applies
Health Aids & Appliances	Hearing aids Blood glucose monitors Nebulisers CPAP devices TENS machine Mammary prostheses Blood pressure monitor	12 Months	\$800	Individual sub-limits and replacement periods apply
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	\$570^^	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	\$300	80% of the cost up to the annual limit	2 Years (one device, per person)
CPAP devices (including mask)	\$500		
Blood glucose monitor	\$500		12 Months (one device, per person)
Peak flow meter/spacer	\$50		
Tens machine/circulation booster	\$175		
Blood pressure monitor	\$175		12 months (one device, per policy)
Hearing aid device	No sub-limit		3 Years (per person, per hearing aid)
Mammary prosthesis	\$175	80% of the cost up to sub-limit of \$150 within limit for that aid/appliance	No replacement period
Repairs on appliances	\$150		

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 individual benefits and sub-limits that apply to different services.

Wellness Benefits	Benefit	Sub-Limit
Quit smoking	50% of the cost up to the sub-limit or annual limit	\$100
Health association fees & subscriptions		\$100
Health management programs		\$125
Health checks, scans & screenings		\$75
Kids swimming lessons		\$150
Travel expenses		\$200
Travel vaccinations		\$50
Mammograms		No sub-limit applies
Weight control		\$200

Examples of benefits

Dental	Item Number	Benefit
Periodic oral examination	012	\$39.00
X-Rays	022	\$31.00
Scale & clean	114	\$77.00
Fluoride treatment	121	\$24.00
Non-surgical extraction	311	\$110.00
Surgical extraction	322	\$176.00
Root canal obturation	417	\$184.00
One surface filling	511	\$92.00
Three surface fillings	513	\$132.00
Crown	615	\$974.00
Bridge	643	\$755.00
Full dentures	719	\$1,166.00
Optical		
Frames, lenses, tinting, repairs, contact lenses - available by prescription only		100 % up to annual limit
Physiotherapy		
Initial consultation		\$55.00
Subsequent consultation		\$40.00
Chiropractic		
Initial consultation		\$52.00
Subsequent consultation		\$32.00
Osteopathic		
Initial consultation		\$52.00
Subsequent consultation		\$32.00
Acupuncture		
Initial consultation		\$45.00
Subsequent consultation		\$27.00
Chinese Herbalism		
Consultation		\$27.00
Remedial Massage		
Consultation		\$27.00
Pharmacy		
Per script - after PBS equivalent co-payment subtracted		Up to \$50.00
Podiatry		
Initial consultation		\$40.00
Subsequent consultation		\$33.00
Podiatry related aid		80%
Podiatry surgery		80%
Psychology		
Initial consultation		\$85.00
Subsequent consultation		\$65.00
Eye Therapy		
Consultation		\$86.00
Occupational Therapy		
Initial consultation		\$59.00
Subsequent consultation		\$38.00
Speech Therapy		
Initial consultation		\$80.00
Subsequent consultation		\$38.00
Dietician and Nutritionist		
Initial consultation		\$51.00
Subsequent consultation		\$29.00
Exercise Physiology		
Consultation		\$45.00
Group session		\$9.00

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 Total 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. Dependants 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 your 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/

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