

Private Health Information Statement - General treatment policy

Everyday Extras Mid

HBF Health Limited

<http://hbf.com.au>
 memberservices@hbf.com.au
 133 423

Monthly Premium

\$202.18[#]

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Northern Territory
 Closed to new members

[#] 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 children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

General Treatment Cover

HBF members have hundreds of participating optical stores nationally to choose from with access to a range of fully covered glasses. See <http://www.hbf.com.au/health-insurance/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Before a benefit is payable on an eligible Pharmacy item, a co-payment amount reasonably determined by HBF is deducted from the cost of each script.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$42.00 Scale & clean - \$83.00 Fluoride treatment - \$21.00 Surgical tooth extraction - \$116.00
Major dental	12	\$2,000 per person (combined limit for major dental, endodontic & orthodontic) \$2,750 lifetime limit for Orthodontic	Full crown veneered - \$690.00
Endodontic	12		Filling of one root canal - \$137.00
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$400 per person	Per eligible prescription - \$400.00
Physiotherapy	2	\$450 per person	Initial visit - \$50.00 Subsequent visit - \$43.00
Chiropractic	2	\$450 per person	Initial visit - \$46.00 Subsequent visit - \$30.00
Podiatry	2	\$400 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$43.00 Subsequent visit - \$38.00
Psychology	2	\$450 per person (combined limit for psychology & other services)	Initial visit - \$125.00 Subsequent visit - \$125.00
Acupuncture	2	\$300 per person (combined limit for acupuncture, chinese medicine & other services)	Initial visit - \$44.00 Subsequent visit - \$44.00
Remedial massage	2	\$350 per person (combined limit for remedial massage & other services)	Initial visit - \$44.00 Subsequent visit - \$44.00
Hearing aids	12	\$1400 per person every 3 years	Hearing aid - 65% of charge

Blood glucose monitors	12	\$800 per person 1 service(s) every 3 years (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 65% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$44.00 Subsequent visit - \$44.00
Dietetics/dietary advice	2	\$400 per person (combined limit for dietetics/dietary advice & other services)	Initial visit - \$70.00 Subsequent visit - \$44.00
Exercise physiology	2	\$400 per person	Initial visit - \$38.00 Subsequent visit - \$38.00
Eye therapy (orthoptics)	2	\$400 per person	Initial visit - \$42.00 Subsequent visit - \$42.00
Health management / Healthy lifestyle	2	\$250 per person (Sub-limits apply)	Health management - 65% of charge
Occupational therapy	2	\$400 per person	Initial visit - \$65.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	\$450 per person	Initial visit - \$50.00 Subsequent visit - \$43.00
Speech therapy	2	\$400 per person	Initial visit - \$89.00 Subsequent visit - \$52.00

Everyday Extras Mid also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$125 initial and subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, \$88 initial and subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$44 initial and subsequent visit up to combined limit - see Remedial Massage); Other approved appliances (waiting period 2-12 months, 65% up to combined limit - see Blood glucose monitors, sub-limits apply); NUTRITION (waiting period 2 months, \$70 initial visit and \$44 subsequent visit up to combined limit - see Dietetics/dietary advice).

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

X Other treatments - check with your insurer

Ambulance cover

In Northern Territory this policy provides:

Emergency: Unlimited with a waiting period of 7 days.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Emergency ambulance provides full cover for emergency treatment and urgent ambulance transport (by road) within Australia by a State Government ambulance provider or an HBF approved ambulance provider. Services not covered include air ambulance services, transport between a public hospital to your home and transport not provided in an ambulance.

For further information about this policy see

<http://www.hbf.com.au/health-insurance/ambulance-cover.html>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.