

Private Health Information Statement - General treatment policy

Flex 50

HBF Health Limited

<http://hbf.com.au>

memberservices@hbf.com.au

133 423

Monthly Premium

\$112.37[#]

(before any rebate or insurer discount)

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

Available in Tasmania

[#] 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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-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 | \$800 per person (combined limit for general dental, major dental, endodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology, health management / healthy lifestyle, osteopathy, vaccinations & other services - Sub-limits apply) | Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge Surgical tooth extraction - 50% of charge |
| Major dental | 12 | | Full crown veneered - 50% of charge |
| Endodontic | 12 | | Filling of one root canal - 50% of charge |
| Optical | 2 | \$200 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | Combined limit - see General dental | Per eligible prescription - 100% of charge |
| Physiotherapy | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Chiropractic | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Psychology | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Acupuncture | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Remedial massage | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Chinese medicine | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Exercise physiology | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Health management / Healthy lifestyle | 2 | Combined limit - see General dental | Health management - 100% of charge |

| | | | |
|---------------|---|-------------------------------------|---|
| Osteopathy | 2 | Combined limit - see General dental | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Vaccinations* | 2 | Combined limit - see General dental | Per service - 100% of charge |

Flex 50 also includes cover for: Hypnotherapy (waiting period 2 months, 50% initial or subsequent visit up to combined limit - see General Dental); Myotherapy (waiting period 2 months, 50% initial or subsequent visit up to combined limit - see General Dental). **Note: Natural Therapies (Acupuncture, Hypnotherapy, Myotherapy, Remedial Massage and Traditional Chinese Medicine) has a \$200 sub-limit.

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

| | | |
|---------------------------------|----------------------|---|
| X Blood glucose monitors | X Orthodontic | X Other treatments - check with your insurer |
| X Hearing aids | X Podiatry | |

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.