

Private Health Information Statement - General treatment policy

Top 70

HBF Health Limited

<http://hbf.com.au>

memberservices@hbf.com.au

133 423

Monthly Premium

\$138.79[#]

(before any rebate or insurer discount)

Covers only one person
Available in Western Australia

[#] 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.

General Treatment Cover

HBF members can access a range of participating dentists in WA, this means you get 100% back for preventative dental services. 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 (Sub-limits apply)	Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge Surgical tooth extraction - 70% of charge
Major dental	12	\$1,000 per policy (combined limit for major dental & endodontic)	Full crown veneered - 70% of charge
Endodontic	12		Filling of one root canal - 70% of charge
Orthodontic	12	\$800 per policy \$2,400 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$275 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$400 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)	Per eligible prescription - 70% of charge
Physiotherapy	2	\$600 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic	2	\$400 per policy (combined limit for chiropractic & osteopathy - Sub-limits apply)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Podiatry	2	\$400 per policy (combined limit for podiatry & orthotics (podiatric orthoses) - Sub-limits apply)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	2	\$500 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	2	\$300 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Remedial massage	2		Initial visit - 70% of charge Subsequent visit - 70% of charge
Hearing aids	12	\$700 per person every 3 calendar years	Hearing aid - 100% of charge

Blood glucose monitors	2	\$500 per policy 1 service(s) every 1 year (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 70% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	2	\$400 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Eye therapy (orthoptics)	2	\$400 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Health management / Healthy lifestyle	2	\$350 per policy	Health management - 100% of charge
Occupational therapy	2	\$400 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 70% of charge Subsequent visit - 70% of charge
Speech therapy	2	\$400 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Vaccinations*	2	Combined limit - see Non PBS pharmaceuticals	Per service - 100% of charge

Top 70 also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Acupuncture); APPLIANCES, PROSTHESES AND AIDS (waiting period 2-12 months, 70% up to combined limit - see Blood glucose monitors); NUTRITION (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Dietetics/dietary advice). **Note: Orthotics (podiatric orthoses) has a \$250 sub-limit.

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

X Other treatments - check with your insurer

Ambulance cover

In Western Australia 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.