

## Private Health Information Statement - General treatment policy

### Premium Options

#### Health Insurance Fund of Australia Limited

<http://www.hif.com.au>

[hello@hif.com.au](mailto:hello@hif.com.au)

1300 134 060

#### Monthly Premium

**\$265.20<sup>#</sup>**

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia

Closed to new members

<sup>#</sup> 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

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See [www.hif.com.au/choice-network](http://www.hif.com.au/choice-network)

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Optical benefit paid on frames and prescription optical items. Pharmacy benefit paid after deduction of the PBS co-payment at 100% up to \$80 per script. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply. The limits detailed below are subject to a combined overall person limit of \$650 for chiro and osteo. A combined overall person limit of \$1,200 for occupational therapy, orthoptics (eye therapy), physio and speech therapy. Our Complementary Therapies sub-limit (\$500 per person) includes: acupuncture, myotherapy, remedial massage and traditional Chinese medicine.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                               | Examples of maximum benefits                                                                    |
|--------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| General dental           | 2                       | \$1,500 per person<br>(combined limit for general dental, major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> )         | Periodic oral examination - \$54.35<br>Scale & clean - \$110.35<br>Fluoride treatment - \$33.20 |
| Major dental*            | 12                      |                                                                                                                                                      | Surgical tooth extraction - \$121.50<br>Full crown veneered - \$872.10                          |
| Endodontic               | 2                       |                                                                                                                                                      | Filling of one root canal - \$113.80                                                            |
| Orthodontic              | 12                      |                                                                                                                                                      | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,500.00         |
| Optical*                 | 2                       | \$280 per person                                                                                                                                     | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Non PBS pharmaceuticals* | 2                       | \$200 per person                                                                                                                                     | Per eligible prescription - \$80.00                                                             |
| Physiotherapy*           | 2                       | \$1,200 per person<br>(combined limit for physiotherapy, eye therapy (orthoptics), occupational therapy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                           |
| Chiropractic*            | 2                       | \$650 per person<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )                                                        | Initial visit - \$35.00<br>Subsequent visit - \$35.00                                           |
| Podiatry                 | 2                       | \$382 per person<br>(combined limit for podiatry & other services)                                                                                   | Initial visit - \$32.00<br>Subsequent visit - \$25.00                                           |
| Psychology               | 2                       | \$1,000 per person                                                                                                                                   | Initial visit - \$100.00<br>Subsequent visit - \$55.00                                          |
| Acupuncture*             | 2                       | \$500 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)                                            | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                           |
| Remedial massage*        | 2                       |                                                                                                                                                      | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                           |

|                                       |    |                                                                                                                  |                                                         |
|---------------------------------------|----|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Hearing aids                          | 12 | \$550 per person<br>1 appliance(s) every 3 years                                                                 | Hearing aid - \$600.00                                  |
| Blood glucose monitors                | 12 | \$200 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services) | Per monitor - 75% of charge                             |
| Chinese medicine*                     | 2  | Combined limit - see Acupuncture                                                                                 | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Dietetics/dietary advice              | 2  | \$324 per person                                                                                                 | Initial visit - \$36.00<br>Subsequent visit - \$18.00   |
| Eye therapy (orthoptics)*             | 2  | Combined limit - see Physiotherapy                                                                               | Initial visit - \$50.00<br>Subsequent visit - \$25.00   |
| Health management / Healthy lifestyle | 2  | \$125 per person                                                                                                 | Health management - \$125.00                            |
| Home nursing                          | 2  | \$1,800 per person                                                                                               | Initial visit - \$120.00<br>Subsequent visit - \$120.00 |
| Occupational therapy*                 | 2  | Combined limit - see Physiotherapy                                                                               | Initial visit - \$60.00<br>Subsequent visit - \$27.00   |
| Orthotics (podiatric orthoses)        | 12 | \$240 per person                                                                                                 | Orthotics supply & fit - 75% of charge                  |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic                                                                                | Initial visit - \$35.00<br>Subsequent visit - \$35.00   |
| Speech therapy*                       | 2  | Combined limit - see Physiotherapy                                                                               | Initial visit - \$75.00<br>Subsequent visit - \$45.00   |

A 12 month waiting period applies to dental items: 322-324, 331, 595, and 596. A 12 month waiting period applies to IVF drugs. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only. Like most Extras health covers, there are annual limits (a limit on how much we will pay toward your claims) for most services under Premium Options. However, your benefit limits will be refreshed every year on January 1. What's more, we'll increase your annual limits on a number of services. For example, benefits and annual limits for major dental services increase each year for the first five years of membership. Likewise, benefits and annual limits for complementary therapy services will increase after three years of membership, while optical benefits increase after five years. Other items covered: Asthmatic spacers, Diabetes Education, External Prosthesis, Humidifier/ Nebuliser and a Peak Flow Meter.

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

**✗** Other treatments - check with your insurer

### Other features of this general treatment cover

Premium Options is one of our top-level Extras cover. It's big on everyday healthcare services, covering all the essentials like dental, chiro, physio, osteo and optical, as well as other services like orthoptics (eye therapy), occupational therapy, speech therapy and hearing aids. It also gives you larger benefits and higher annual limits all round. Plus, you can access our 'HIF Second Opinion' service, so you can get a second opinion on any diagnosis, condition or treatment plan.

For further information about this policy see

<https://www.hif.com.au/premiumoptions-factsheet>

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 30 days.

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

### Other features of this ambulance cover

There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your

home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see

<https://www.hif.com.au/ambulance>

#### 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.