

## Private Health Information Statement - General treatment policy

### Standard Extras

#### HBF Health Limited

<http://hbf.com.au>

[memberservices@hbf.com.au](mailto:memberservices@hbf.com.au)

133 423

#### Monthly Premium

**\$122.49<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in South 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, 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	\$600 per person (no limit on preventative dental)	Periodic oral examination - \$37.50 Scale & clean - \$73.50 Fluoride treatment - \$18.75 Surgical tooth extraction - \$108.00
Major dental	12	\$800 per person (combined limit for major dental & endodontic)	Full crown veneered - \$630.00
Endodontic	12		Filling of one root canal - \$120.00
Orthodontic	12	\$500 per person \$1,850 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$500.00
Optical	2	\$389 per person <b>(Sub-limits apply)</b>	Single vision lenses & frames - \$185.00 Multi-focal lenses & frames - \$185.00
Non PBS pharmaceuticals*	2	\$200 per person	Per eligible prescription - \$200.00
Physiotherapy	2	\$350 per person	Initial visit - \$39.00 Subsequent visit - \$33.00
Chiropractic	2	\$350 per person (combined limit for chiropractic & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$32.00
Podiatry	2	10 service(s) every 1 year	Initial visit - \$33.00 Subsequent visit - \$30.00
Psychology	2	\$720 per person (combined limit for psychology & other services)	Initial visit - \$44.00 Subsequent visit - \$44.00
Hearing aids	12	\$1000 per person every 3 calendar years	Hearing aid - 100% of charge
Blood glucose monitors	12	1 appliance(s) every 3 years	Per monitor - \$200.00
Dietetics/dietary advice	2	\$240 per person	Initial visit - \$54.00 Subsequent visit - \$32.00

Eye therapy (orthoptics)	2	\$500 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$42.00 Subsequent visit - \$42.00
Health management / Healthy lifestyle	2	\$200 per person <b>(Sub-limits apply)</b>	Health management - 60% of charge
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$51.00 Subsequent visit - \$39.00
Orthotics (podiatric orthoses)	12	\$240 per person	Orthotics supply & fit - \$240.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$39.00 Subsequent visit - \$33.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$59.00 Subsequent visit - \$39.00
Standard Extras also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$79 initial visit and \$44 subsequent visit up to combined limit - see Psychology); NON-SURGICALLY IMPLANTED APPLIANCES (waiting period 12 months, benefits vary depending on aid up to \$500 per person, sub-limits apply); NEBULISER (waiting period 12 months, \$108 per person up to 1 appliance every 3 years). <b>**Note:</b> Health Management/Healthy Lifestyle – initial visit for Strength for Life \$27 is up to combined limit listed.			

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

<b>X</b> Acupuncture	<b>X</b> Remedial massage	<b>X</b> Other treatments - check with your insurer
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## Ambulance cover

In South 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.