

## Private Health Information Statement - General treatment policy

### Everyday Extras

#### HBF Health Limited

<http://hbf.com.au>

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

133 423

#### Monthly Premium

**\$80.60 #**

(before any rebate or insurer discount)

Covers only one person

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.

### 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 policy<br>(no limit on preventative dental)   | Periodic oral examination - \$42.00<br>Scale & clean - \$83.00<br>Fluoride treatment - \$21.00<br>Surgical tooth extraction - \$116.00 |
| Major dental             | 12                      | \$1,500 per policy<br>(combined limit for major dental, endodontic & orthodontic)<br>\$2,500 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 - \$1,500.00  |
| Optical                  | 2                       | \$225 per policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge   |
| Non PBS pharmaceuticals* | 2                       | \$400 per policy  | Per eligible prescription - \$400.00   |
| Physiotherapy            | 2                       | \$400 per policy  | Initial visit - \$44.00<br>Subsequent visit - \$38.00  |
| Chiropractic             | 2                       | \$400 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$27.00  |
| Podiatry                 | 2                       | \$400 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))  | Initial visit - \$40.00<br>Subsequent visit - \$34.00  |
| Psychology               | 2                       | \$400 per policy<br>(combined limit for psychology & other services)  | Initial visit - \$75.00<br>Subsequent visit - \$75.00  |
| Acupuncture              | 2                       | \$200 per policy<br>(combined limit for acupuncture, chinese medicine & other services)                                     | Initial visit - \$39.00<br>Subsequent visit - \$39.00  |
| Remedial massage         | 2                       | \$200 per policy<br>(combined limit for remedial massage & other services)  | Initial visit - \$39.00<br>Subsequent visit - \$39.00  |
| Hearing aids             | 12                      | \$1200 per person every 3 calendar years  | Hearing aid - 100% of charge   |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Blood glucose monitors                | 12 | \$800 per policy<br>1 service(s) every 3 years<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Per monitor - 60% of charge                           |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture  | Initial visit - \$39.00<br>Subsequent visit - \$39.00 |
| Dietetics/dietary advice              | 2  | \$400 per policy<br>(combined limit for dietetics/dietary advice & other services)  | Initial visit - \$62.00<br>Subsequent visit - \$36.00 |
| Exercise physiology                   | 2  | \$400 per policy  | Initial visit - \$28.00<br>Subsequent visit - \$28.00 |
| Eye therapy (orthoptics)              | 2  | \$400 per policy  | Initial visit - \$42.00<br>Subsequent visit - \$42.00 |
| Health management / Healthy lifestyle | 2  | \$200 per policy<br><b>(Sub-limits apply)</b>   | Health management - 60% of charge                     |
| Occupational therapy                  | 2  | \$400 per policy  | Initial visit - \$58.00<br>Subsequent visit - \$44.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry   | Orthotics supply & fit - 60% of charge                |
| Osteopathy                            | 2  | \$400 per policy  | Initial visit - \$44.00<br>Subsequent visit - \$38.00 |
| Speech therapy                        | 2  | \$400 per policy  | Initial visit - \$65.00<br>Subsequent visit - \$44.00 |

Everyday Extras also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$100 initial visit and \$75 subsequent visit up to combined limit – see Psychology); HYPNOTHERAPY (waiting period 2 months, \$78 initial or subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$39 initial or subsequent visit up to combined limit - see Remedial Massage); Other approved appliances (waiting period 2-12 months, 60% up to combined limit- see Blood glucose monitors, sub-limits apply); NUTRITION (waiting period 2 months, \$62 initial visit and \$36 subsequent visit up to combined limit - see Dietetics/dietary advice); NICOTINE REPLACEMENT THERAPY (waiting period 2 months, 100% up to combined limit - see Health Management/Healthy Lifestyle); TRAVEL VACCINATIONS (waiting period 2 months, 100% up to combined limit - see Health Management/Healthy Lifestyle).

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.