

Private Health Information Statement - General treatment policy

Everyday Extras & Gap Saver \$50

HBF Health Limited

http://hbf.com.au

memberservices@hbf.com.au

133 423

Monthly Premium

\$95.89 #

(before any rebate or insurer discount)

Covers only one person

Available in Western Australia

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 can access a range of participating dentists and optical stores in WA. This means you get 85% back for preventative dental services and 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 (no limit on preventative dental)	Periodic oral examination - \$42.00 Scale & clean - \$83.00 Fluoride treatment - \$21.00 Surgical tooth extraction - \$116.00
Major dental	12	\$1,500 per policy (combined limit for major dental, endodontic & orthodontic) \$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 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 - \$39.00 Subsequent visit - \$32.00
Chiropractic	2	\$400 per policy	Initial visit - \$39.00 Subsequent visit - \$27.00
Podiatry	2	\$400 per policy (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$40.00 Subsequent visit - \$30.00
Psychology	2	\$400 per policy (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$75.00
Acupuncture	2	\$200 per policy (combined limit for acupuncture, chinese medicine & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	2	\$200 per policy (combined limit for remedial massage & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids	12	\$1200 per person every 3 calendar years	Hearing aid - 100% of charge

Blood glucose monitors	12	\$800 per policy 1 service(s) every 3 years (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 - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	2	\$400 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$41.00 Subsequent visit - \$24.00
Exercise physiology	2	\$400 per policy	Initial visit - \$28.00 Subsequent visit - \$28.00
Eye therapy (orthoptics)	2	\$400 per policy	Initial visit - \$42.00 Subsequent visit - \$42.00
Health management / Healthy lifestyle	2	\$200 per policy ( <b>Sub-limits apply</b> )	Health management - 60% of charge
Occupational therapy	2	\$400 per policy	Initial visit - \$42.00 Subsequent visit - \$25.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	\$400 per policy	Initial visit - \$39.00 Subsequent visit - \$27.00
Speech therapy	2	\$400 per policy	Initial visit - \$65.00 Subsequent visit - \$40.00

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, \$30 initial or subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$30 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, \$41 initial visit and \$24 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 **✗ does not include** General treatment (Extras) cover for

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

### Other features of this general treatment cover

Top up your benefits with GapSaver and you will have less out of pocket expense when it comes to making a claim.

## 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.