

Private Health Information Statement - General treatment policy

Top 70

HBF Health Limited

http://hbf.com.au

memberservices@hbf.com.au

133 423

Monthly Premium

\$165.81 #

(before any rebate or insurer discount)

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

Available in Northern Territory

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 24, as well as persons with a disability who qualify as a child or other dependant or 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 | 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 person (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 person \$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 person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$400 per person (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - 70% of charge |
| Physiotherapy | 2 | \$600 per person (combined limit for physiotherapy & exercise physiology) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Chiropractic | 2 | \$400 per person (combined limit for chiropractic & osteopathy - Sub-limits apply) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Podiatry | 2 | \$400 per person (combined limit for podiatry & orthotics (podiatric orthoses) - Sub-limits apply) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Psychology | 2 | \$500 per person | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Acupuncture | 2 | \$300 per person (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 |

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|---------------------------------------|----|--|---|
| Hearing aids | 12 | \$700 per person every 3 calendar years | Hearing aid - 100% of charge |
| Blood glucose monitors | 2 | \$500 per person 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 person | 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 person | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Health management / Healthy lifestyle | 2 | \$350 per person | Health management - 100% of charge |
| Occupational therapy | 2 | \$400 per person | 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 person | 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 **✗ does not include** General treatment (Extras) cover for

✗ 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.