

## Private Health Information Statement - General treatment policy

### Core Extras

#### HBF Health Limited

<http://hbf.com.au>

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

133 423

#### Monthly Premium

**\$53.36 #**

(before any rebate or insurer discount)

Covers only one person  
Available in Western Australia

# 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

This health insurer does not operate a preferred provider scheme.

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	\$800 per policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$31.00 Scale & clean - \$63.00 Fluoride treatment - \$17.00 Surgical tooth extraction - \$144.00
Major dental	12		Full crown veneered - \$743.00
Endodontic	12		Filling of one root canal - \$137.00
Orthodontic	12	\$400 per policy \$1,200 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$250 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$200 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$40.00
Physiotherapy	2	\$400 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - \$50.00 Subsequent visit - \$42.00
Chiropractic	2		Initial visit - \$40.00 Subsequent visit - \$27.00
Podiatry	2	\$400 per policy (combined limit for podiatry, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy)	Initial visit - \$33.00 Subsequent visit - \$24.00
Psychology	2	\$400 per policy (combined limit for psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, health management / healthy lifestyle & other services - <b>Sub-limits apply</b> )	Initial visit - \$79.00 Subsequent visit - \$79.00
Acupuncture	2		Initial visit - \$34.00 Subsequent visit - \$34.00
Remedial massage	2		Initial visit - \$34.00 Subsequent visit - \$34.00
Chinese medicine	2		Initial visit - \$18.00 Subsequent visit - \$18.00
Dietetics/dietary advice	2		Initial visit - \$54.00 Subsequent visit - \$32.00

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$44.00 Subsequent visit - \$34.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$38.00 Subsequent visit - \$38.00
Health management / Healthy lifestyle	2	Combined limit - see Psychology	Health management - 60% of charge
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$48.00 Subsequent visit - \$28.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - \$192.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$52.00 Subsequent visit - \$38.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$51.00 Subsequent visit - \$39.00
Vaccinations*	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$40.00

Core Extras also includes cover for: Counselling (waiting period 2 months, \$53 initial or subsequent visit up to combined limit - see Psychology); Nutrition (waiting period 2 months, \$54 initial visit and \$32 subsequent visit up to combined limit - see Psychology); Hypnotherapy (waiting period 2 months, \$68 initial or subsequent visit up to combined limit - see Psychology); Myotherapy (waiting period 2 months, \$34 initial or subsequent visit up to combined limit - see Psychology); \*\*Note: Natural Therapies (Acupuncture, Hypnotherapy, Myotherapy, Remedial Massage and Traditional Chinese Medicine) has a \$200 sub-limit.

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

**X** Blood glucose monitors

**X** Hearing aids

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

For further information about this policy see

<https://www.hbf.com.au/>

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** with a waiting period of 7 days, limited to 2 services per year.

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

Other features of this ambulance cover

Emergency ambulance, limited to 2 services per person per year, 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.