

## Private Health Information Statement - General treatment policy

### Saver Extras

#### HBF Health Limited

<http://hbf.com.au>  
 memberservices@hbf.com.au  
 133 423

#### Monthly Premium

**\$106.76<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania  
 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                       | \$500 per person<br>(no limit on preventative dental)                                   | Periodic oral examination - \$37.50<br>Scale & clean - \$73.50<br>Fluoride treatment - \$18.75<br>Surgical tooth extraction - \$81.00 |
| Major dental                          | 12                      | \$500 per person<br>(combined limit for major dental & endodontic)                      | Full crown veneered - \$495.00  |
| Endodontic                            | 12                      |   | Filling of one root canal - \$80.00   |
| Optical                               | 2                       | \$364 per person<br><b>(Sub-limits apply)</b>   | Single vision lenses & frames - \$160.00<br>Multi-focal lenses & frames - \$160.00  |
| Non PBS pharmaceuticals*              | 2                       | \$200 per person  | Per eligible prescription - \$200.00  |
| Physiotherapy                         | 2                       | \$350 per person  | Initial visit - \$36.00<br>Subsequent visit - \$32.00   |
| Chiropractic                          | 2                       | \$350 per person<br>(combined limit for chiropractic & osteopathy)                      | Initial visit - \$40.00<br>Subsequent visit - \$23.00   |
| Podiatry                              | 2                       | 10 service(s) every 1 year  | Initial visit - \$28.00<br>Subsequent visit - \$26.00   |
| Acupuncture                           | 2                       | \$300 per person<br>(combined limit for acupuncture, remedial massage & other services) | Initial visit - \$29.00<br>Subsequent visit - \$29.00   |
| Remedial massage                      | 2                       |   | Initial visit - \$29.00<br>Subsequent visit - \$29.00   |
| Health management / Healthy lifestyle | 2                       | \$200 per person<br><b>(Sub-limits apply)</b>   | Health management - 60% of charge   |
| Orthotics (podiatric orthoses)        | 12                      | \$240 per person every 3 calendar years   | Orthotics supply & fit - \$240.00   |
| Osteopathy                            | 2                       | Combined limit - see Chiropractic   | Initial visit - \$33.00<br>Subsequent visit - \$29.00   |

Saver Extras also includes cover for: Myotherapy (waiting period 2 months, \$29 initial or subsequent visit up to combined limit with Remedial Massage and Acupuncture). \*\*Note: Health Management/Healthy Lifestyle – initial visit for Strength for Life is \$27 up to combined limit listed.

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

|                                 |                      |   |
|---------------------------------|----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Psychology  |   |

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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.