

Private Health Information Statement - General treatment policy

Simple Options

Health Insurance Fund of Australia Limited

<http://www.hif.com.au>

hello@hif.com.au

1300 134 060

Monthly Premium

\$47.25 #

(before any rebate or insurer discount)

Covers only one person

Available in Tasmania

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

If you hold eligible Extras cover with HIF, by using our "preferred providers" you may have lower out-of-pocket costs on Optical. See <https://www.hif.com.au/health-insurance/extras-cover/optical>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Optical benefit paid on frames and prescription optical items. Pharmacy benefit is payable after the current PBS patient co-payment is deducted. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per policy	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Major dental	12	\$600 per policy (combined limit for major dental & endodontic)	Full crown veneered - 60% of charge
Endodontic	2		Filling of one root canal - 60% of charge
Optical*	2	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$350 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, acupuncture, remedial massage, chinese medicine, health management / healthy lifestyle, osteopathy & other services - Sub-limits apply)	Per eligible prescription - 60% of charge
Physiotherapy	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2		Health management - 60% of charge
Osteopathy	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

A 12-month waiting period applies to dental items: 322-324, 331, 595, and 596. Complementary Therapies sub-limit is \$150 per person (\$300 per couple or family membership). Benefits are claimable for acupuncture, myotherapy, remedial massage and traditional Chinese medicine. Treatment must be provided by a practitioner who is registered with HIF in the speciality for which the charge is raised. Benefits are not payable on medicines. Healthy Lifestyle sub-limit is \$150 per person (\$300 per couple or family membership)). Benefits are claimable for approved health management, quit smoking or weight loss programs, health assessments, skin cancer screening (if not covered by Medicare), and exercise physiology. The limits detailed above are subject to a combined overall person limit of \$350 (\$700 per couple or family membership) for complementary therapies, chiro, healthy lifestyle, osteo, pharmacy, physio and podiatry consultations.

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

✗ Blood glucose monitors	✗ Orthodontic	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Psychology	

Other features of this general treatment cover

Simple Options is our great-value Extras cover that offers a percentage back on the services included. It's ideal for singles, couples and families looking for a value packed cover that offers major and general dental, optical, podiatry consultations, pharmacy, chiro, physio, osteo, healthy lifestyle and ambulance services.

For further information about this policy see

<https://www.hif.com.au/simpleoptions>

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.

Other features of this ambulance cover

There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see

<https://www.hif.com.au/ambulance>

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.