HBF Health Limited
Standard Extras

$93.55 / month
(Before Rebate, Discount & Loading)
Available in NT

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: One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified* dependant, student and non-student in these age ranges.

*Non-classified dependant: Non-classified Dependant

A person who meets all of the following criteria:

a. is aged 18 to 20 (inclusive); and

b. does not have a partner (a person in a marital or de facto relationship with the Non-classified Dependant)

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.

Policy ID: HBF/I1/DBUYA1Y **Source:** Private Health Information Statement (PHIS)

Extras Cover

This policy includes General treatment (Extras) cover for

Note, for treatments marked with * : 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
✓ **Blood glucose monitors**	12		• Per monitor: $200
✓ **Chiropractic**	2	**$350 per person** combined limit for chiropractic & osteopathy	• Initial visit: $39 • Subsequent visit: $32
✓ **Dietetics/dietary advice**	2	**$240 per person**	• Initial visit: $33 • Subsequent visit: $17
✓ **Endodontic**	12	**$800 per person** combined limit for endodontic & major dental	• Filling of one root canal: $120
✓ **Eye therapy (orthoptics)**	2	**$500 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $42 • Subsequent visit: $42

✓ **General dental**	2	**$600 per person**	• Fluoride treatment: $18.75 • Scale & clean: $73.5 • Surgical tooth extraction: $108 • Periodic oral examination: $37.5
✓ **Health management / Healthy lifestyle**	2	**$200 per person** sub-limits apply	• Health management: 60% of charge
✓ **Hearing aids**	12	**$1000 per person every 3 calendar years**	• Hearing aid: 100% of charge
✓ **Major dental**	12	**$800 per person** combined limit for endodontic & major dental	• Full crown veneered: $630
✓ **Non PBS pharmaceuticals***	2	**$200 per person**	• Per eligible prescription: $200
✓ **Occupational therapy**	2	**$500 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $36 • Subsequent visit: $20
✓ **Optical**	2	**$384 per person** sub-limits apply	• Multi-focal lenses & frames: $180 • Single vision lenses & frames: $180
✓ **Orthodontic**	12	**$500 per person** $1,850 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: $500
✓ **Orthotics (podiatric orthoses)**	12	**$240 per person**	• Orthotics supply & fit: $240
✓ **Osteopathy**	2	**$350 per person** combined limit for chiropractic & osteopathy	• Initial visit: $22 • Subsequent visit: $17
✓ **Physiotherapy**	2	**$350 per person**	• Initial visit: $39 • Subsequent visit: $32
✓ **Podiatry**	2		• Initial visit: $26 • Subsequent visit: $20
✓ **Psychology**	2	**$720 per person**	• Initial visit: $44 • Subsequent visit: $44
✓ **Speech therapy**	2	**$500 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $59 • Subsequent visit: $32

Standard Extras also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, $79 initial visit and $44 subsequent visit up to combined limit - see Psychology); NON-SURGICALLY IMPLANTED APPLIANCES (waiting period 12 months, benefits vary depending on aid up to $500 per person, sub-limits apply); NEBULISER (waiting period 12 months, $108 per person up to 1 appliance every 3 years). **Note: Health Management/Healthy Lifestyle – initial visit for Strength for Life $27 is up to combined limit listed.

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

- ✗ Acupuncture
- ✗ Ante-natal/Post-natal classes
- ✗ Audiology
- ✗ Chinese medicine
- ✗ Exercise physiology
- ✗ Home nursing
- ✗ Remedial massage
- ✗ Vaccinations

Ambulance cover

In NT 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

Insurer Details

HBF Health Limited
Standard Extras

$93.55 / month
(Before Rebate, Discount & Loading)
Available in NT

HBF Health Limited
http://hbf.com.au
memberservices@hbf.com.au
133 423