



**HBF Health Limited**  
Everyday Extras

**\$174.37 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

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:

- is aged 18 to 20 (inclusive); and
- does not have a partner (a person in a marital or de facto relationship with the Non-classified Dependant)

HBF members can access a range of participating dentists and optical stores in WA. This means you get 85% back for preventative dental services and access to a range of fully covered glasses. See <http://www.hbf.com.au/health-insurance/find-a-provider>.

Policy ID: HBF/I14/WBVAG1Y

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                                                                       |
|-------------------------------------|----|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, chinese medicine & other services | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$800 per person</b><br>sub-limits apply                                                  | <ul style="list-style-type: none"><li>Per monitor: 60% of charge</li></ul>                         |
| ✓ Chinese medicine                  | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, chinese medicine & other services | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$400 per person</b>                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$39</li><li>Subsequent visit: \$27</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person</b>                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$41</li><li>Subsequent visit: \$24</li></ul> |

|                                         |    |                                                                                                                  |                                                                                                                                                                                                |
|-----------------------------------------|----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                            | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"> <li>Filling of one root canal: \$137</li> </ul>                                                                                                             |
| ✓ Exercise physiology                   | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$28</li> <li>Subsequent visit: \$28</li> </ul>                                                                                          |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul>                                                                                          |
| ✓ General dental                        | 2  | <b>\$600 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21</li> <li>Scale &amp; clean: \$83</li> <li>Surgical tooth extraction: \$116</li> <li>Periodic oral examination: \$42</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$200 per person</b><br>sub-limits apply                                                                      | <ul style="list-style-type: none"> <li>Health management: 60% of charge</li> </ul>                                                                                                             |
| ✓ Hearing aids                          | 12 | <b>\$1200 per person every 3 calendar years</b>                                                                  | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                                                  |
| ✓ Major dental                          | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"> <li>Full crown veneered: \$690</li> </ul>                                                                                                                   |
| ✓ Non PBS pharmaceuticals*              | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Per eligible prescription: \$400</li> </ul>                                                                                                             |
| ✓ Occupational therapy                  | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$25</li> </ul>                                                                                          |
| ✓ Optical                               | 2  | <b>\$225 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                                   |
| ✓ Orthodontic                           | 12 | <b>\$1,500 per person</b><br>\$2,500 lifetime limit<br>combined limit for endodontic, major dental & orthodontic | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$1500</li> </ul>                                                       |
| ✓ Orthotics (podiatric orthoses)        | 12 | <b>\$400 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                          | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                                                                                    |
| ✓ Osteopathy                            | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$27</li> </ul>                                                                                          |
| ✓ Physiotherapy                         | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$32</li> </ul>                                                                                          |
| ✓ Podiatry                              | 2  | <b>\$400 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                          | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                                                          |
| ✓ Psychology                            | 2  | <b>\$400 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul>                                                                                          |
| ✓ Remedial massage                      | 2  | <b>\$200 per person</b>                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                          |

✓ **Speech therapy**    2    **\$400 per person**

- Initial visit: \$65
- Subsequent visit: \$40

Everyday Extras also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$100 initial visit and \$75 subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, \$30 initial or subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$30 initial or subsequent visit up to combined limit - see Remedial Massage); Other approved appliances (waiting period 2-12 months, 60% up to combined limit- see Blood glucose monitors, sub-limits apply); NUTRITION (waiting period 2 months, \$41 initial visit and \$24 subsequent visit up to combined limit - see Dietetics/dietary advice); NICOTINE REPLACEMENT THERAPY (waiting period 2 months, 100% up to combined limit - see Health Management/Healthy Lifestyle); TRAVEL VACCINATIONS (waiting period 2 months, 100% up to combined limit - see Health Management/Healthy Lifestyle).

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

- |                                 |                |
|---------------------------------|----------------|
| ✗ Ante-natal/Post-natal classes | ✗ Home nursing |
| ✗ Audiology                     | ✗ Vaccinations |

## Ambulance cover

In WA 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



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Everyday Extras

**\$174.37 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

Call now  **133 423**  
Sponsor link

**HBF Health Limited**

 <http://hbf.com.au>

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

 **133 423**

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