



**HBF Health Limited**  
Saver Extras Mid

**\$84.21 / 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:** Two adults (and no-one else).

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/I18/DBETG20

**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                                                                                                                                                              |
|-------------------------------------|----|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2  | \$400 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$42</li><li>Subsequent visit: \$27</li></ul>                                                                                        |
| ✓ Endodontic                        | 12 | \$750 per person<br>combined limit for endodontic & major dental                 | <ul style="list-style-type: none"><li>Filling of one root canal: \$137</li></ul>                                                                                                          |
| ✓ General dental                    | 2  | \$700 per person                                                                 | <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> |
| ✓ Major dental                      | 12 | \$750 per person<br>combined limit for endodontic & major dental                 | <ul style="list-style-type: none"><li>Full crown veneered: \$690</li></ul>                                                                                                                |
| ✓ Non PBS pharmaceuticals*          | 2  | \$250 per person                                                                 | <ul style="list-style-type: none"><li>Per eligible prescription: \$250</li></ul>                                                                                                          |
| ✓ Optical                           | 2  | \$200 per person                                                                 | <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>                                 |
| ✓ Orthotics (podiatric orthoses)    | 12 | \$200 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"><li>Orthotics supply &amp; fit: 55% of charge</li></ul>                                                                                                 |
| ✓ Osteopathy                        | 2  | \$400 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$42</li><li>Subsequent visit: \$27</li></ul>                                                                                        |

|                           |   |                                                                                         |                                                                                                       |
|---------------------------|---|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$400 per person</b>                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$36</li> </ul> |
| ✓ <b>Podiatry</b>         | 2 | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$32</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$300 per person</b>                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$33</li> </ul> |

Saver Extras Mid also includes cover for: MYOTHERAPY (waiting period 2 months, \$33 initial and subsequent visit up to combined limit - see Remedial Massage).

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

- |                                 |                                         |                  |
|---------------------------------|-----------------------------------------|------------------|
| ✗ Acupuncture                   | ✗ Exercise physiology                   | ✗ Orthodontic    |
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Psychology     |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Speech therapy |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Vaccinations   |
| ✗ Chinese medicine              | ✗ Home nursing                          |                  |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy                  |                  |

## 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



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Saver Extras Mid

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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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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HBF/I18/DBETG20>