



**HBF Health Limited**  
Saver Extras Mid

**\$100.37 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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 & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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/I18/TBETH2D

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>                                                        |
| ✓ Physiotherapy                  | 2  | \$400 per person                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$36</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | \$200 per person<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>                                                        |
| ✓ Remedial massage               | 2  | \$300 per person                                                                 | <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                   | ✗ Occupational therapy |
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Orthodontic          |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Psychology           |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Speech therapy       |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Vaccinations         |
| ✗ Dietetics/dietary advice      |                                         |                        |

## 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>

## Insurer Details



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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/TBETH2D>