



**HBF Health Limited**  
Saver Extras Top

**\$109.23 / 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/I19/DBFAB20

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  | \$500 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$32</li></ul>                                                                                        |
| ✓ Endodontic                        | 12 | \$950 per person<br>combined limit for endodontic & major dental                 | <ul style="list-style-type: none"><li>Filling of one root canal: \$188</li></ul>                                                                                                          |
| ✓ General dental                    | 2  | \$900 per person                                                                 | <ul style="list-style-type: none"><li>Fluoride treatment: \$25</li><li>Scale &amp; clean: \$98</li><li>Surgical tooth extraction: \$115</li><li>Periodic oral examination: \$50</li></ul> |
| ✓ Major dental                      | 12 | \$950 per person<br>combined limit for endodontic & major dental                 | <ul style="list-style-type: none"><li>Full crown veneered: \$1037</li></ul>                                                                                                               |
| ✓ Non PBS pharmaceuticals*          | 2  | \$300 per person                                                                 | <ul style="list-style-type: none"><li>Per eligible prescription: \$300</li></ul>                                                                                                          |
| ✓ Optical                           | 2  | \$250 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 | \$250 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"><li>Orthotics supply &amp; fit: 65% of charge</li></ul>                                                                                                 |
| ✓ Osteopathy                        | 2  | \$500 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$32</li></ul>                                                                                        |

|                    |   |                                                                                  |                                                                                                    |
|--------------------|---|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Physiotherapy    | 2 | \$800 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$53</li><li>Subsequent visit: \$42</li></ul> |
| ✓ Podiatry         | 2 | \$250 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry | <ul style="list-style-type: none"><li>Initial visit: \$46</li><li>Subsequent visit: \$38</li></ul> |
| ✓ Remedial massage | 2 | \$400 per person                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$39</li><li>Subsequent visit: \$39</li></ul> |

Saver Extras Top also includes cover for: MYOTHERAPY (waiting period 2 months, \$39 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

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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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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