



**HBF Health Limited**  
Saver Extras Top

**\$163.12 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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:

- 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 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/SBEZN2D

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 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 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>

✓ <b>Optical</b>	2	<b>\$250 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>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$250 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 65% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$32</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$800 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$53</li> <li>Subsequent visit: \$42</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$250 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Initial visit: \$46</li> <li>Subsequent visit: \$38</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$400 per person</b>	<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 SA 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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