



HBF Health Limited
Everyday Extras Mid

\$207.52 / 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 (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/I21/TBGGT20

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	\$300 per person combined limit for acupuncture, chinese medicine & other services	- Initial visit: \$44 - Subsequent visit: \$44
✓ Blood glucose monitors	12	\$800 per person sub-limits apply	Per monitor: 65% of charge
✓ Chinese medicine	2	\$300 per person combined limit for acupuncture, chinese medicine & other services	- Initial visit: \$44 - Subsequent visit: \$44
✓ Chiropractic	2	\$450 per person	- Initial visit: \$46 - Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$400 per person	- Initial visit: \$66 - Subsequent visit: \$44
✓ Endodontic	12	\$2,000 per person combined limit for endodontic, major dental & orthodontic	Filling of one root canal: \$137
✓ Exercise physiology	2	\$400 per person	- Initial visit: \$38 - Subsequent visit: \$38
✓ Eye therapy (orthoptics)	2	\$400 per person	- Initial visit: \$42 - Subsequent visit: \$42

✓ General dental	2	No annual limit	- Fluoride treatment: \$21 - Scale & clean: \$83 - Surgical tooth extraction: \$116 - Periodic oral examination: \$42
✓ Health management / Healthy lifestyle	2	\$250 per person sub-limits apply	Health management: 65% of charge
✓ Hearing aids	12	\$1400 per person every 3 years	Hearing aid: 65% of charge
✓ Major dental	12	\$2,000 per person combined limit for endodontic, major dental & orthodontic	Full crown veneered: \$690
✓ Non PBS pharmaceuticals*	2	\$400 per person	Per eligible prescription: \$400
✓ Occupational therapy	2	\$400 per person	- Initial visit: \$53 - Subsequent visit: \$44
✓ Optical	2	\$250 per person	- Multi-focal lenses & frames: 100% of charge - Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$2,000 per person \$2,750 lifetime limit combined limit for endodontic, major dental & orthodontic	Braces for upper & lower teeth, including removal plus fitting of retainer: 100% of charge
✓ Orthotics (podiatric orthoses)	12	\$400 per person combined limit for orthotics (podiatric orthoses) & podiatry	Orthotics supply & fit: 60% of charge
✓ Osteopathy	2	\$450 per person	- Initial visit: \$46 - Subsequent visit: \$30
✓ Physiotherapy	2	\$450 per person	- Initial visit: \$49 - Subsequent visit: \$39
✓ Podiatry	2	\$400 per person combined limit for orthotics (podiatric orthoses) & podiatry	- Initial visit: \$43 - Subsequent visit: \$35
✓ Psychology	2	\$450 per person	- Initial visit: \$125 - Subsequent visit: \$125
✓ Remedial massage	2	\$350 per person	- Initial visit: \$36 - Subsequent visit: \$36
✓ Speech therapy	2	\$400 per person	- Initial visit: \$89 - Subsequent visit: \$52

Everyday Extras Mid also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$125 initial visit and \$99 subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, \$44 initial and subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$36 initial and subsequent visit up to combined limit - see Remedial Massage); Other approved appliances (waiting period 2-12 months, 65% up to combined limit - see Blood glucose monitors, sub-limits apply); NUTRITION (waiting period 2 months, \$66 initial visit and \$44 subsequent visit up combined limit - see Dietetics/dietary advice).

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

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

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.

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

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/I21/TBGGT20>