



**HBF Health Limited**  
Everyday Extras Top

**\$110.80 / 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:** Only one person.

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/I22/DBGMT10

**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	<b>\$400 per policy</b> combined limit for acupuncture, chinese medicine & other services	<ul style="list-style-type: none"> <li>Initial visit: \$51</li> <li>Subsequent visit: \$51</li> </ul>
✓ Blood glucose monitors	12	<b>\$1,000 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Per monitor: 75% of charge</li> </ul>
✓ Chinese medicine	2	<b>\$400 per policy</b> combined limit for acupuncture, chinese medicine & other services	<ul style="list-style-type: none"> <li>Initial visit: \$51</li> <li>Subsequent visit: \$51</li> </ul>
✓ Chiropractic	2	<b>\$550 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$35</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$78</li> <li>Subsequent visit: \$51</li> </ul>
✓ Endodontic	12	<b>\$2,250 per policy</b> \$3,000 lifetime limit combined limit for endodontic, major dental & orthodontic	<ul style="list-style-type: none"> <li>Filling of one root canal: \$188</li> </ul>
✓ Exercise physiology	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>
✓ Eye therapy (orthoptics)	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$49</li> <li>Subsequent visit: \$49</li> </ul>

✓ <b>General dental</b>	2	<b>No annual limit</b>	<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>
✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$300 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Health management: 75% of charge</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$1800 per person every 3 calendar years</b>	<ul style="list-style-type: none"> <li>Hearing aid: 75% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$2,250 per policy</b> \$3,000 lifetime limit combined limit for endodontic, major dental & orthodontic	<ul style="list-style-type: none"> <li>Full crown veneered: \$1037</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$600 per policy</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$600</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$62</li> <li>Subsequent visit: \$51</li> </ul>
✓ <b>Optical</b>	2	<b>\$275 per policy</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>Orthodontic</b>	12	<b>\$2,250 per policy</b> \$3,000 lifetime limit combined limit for endodontic, major dental & orthodontic	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$500 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$550 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$35</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$550 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$45</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$500 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$41</li> </ul>
✓ <b>Psychology</b>	2	<b>\$600 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$146</li> <li>Subsequent visit: \$146</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$400 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$103</li> <li>Subsequent visit: \$61</li> </ul>

Everyday Extras Top also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$146 initial visit and \$115 subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, \$51 initial and subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, \$42 initial and subsequent visit up to combined limit - see Remedial Massage); Other approved appliances (waiting period 2-12 months, 75% up to combined limit - see Blood glucose monitors, sub-limits apply); NUTRITION (waiting period 2 months, \$78 initial visit and \$51 subsequent visit up to 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

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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Everyday Extras Top

**\$110.80 / month**  
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Available in NT

Call now **133 423**  
Sponsor link

**HBF Health Limited**

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133 423

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