



**HBF Health Limited**  
Everyday Extras Top

**\$256.58 / 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:** One adult & dependants (2 or more people, only one of whom is an adult).

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/I22/SBGNE1D

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 person</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 person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Per monitor: 75% of charge</li> </ul>
✓ Chinese medicine	2	<b>\$400 per person</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 person</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 person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$78</li> <li>Subsequent visit: \$51</li> </ul>

✓ Endodontic	12	<b>\$2,250 per person</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 person</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 person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$49</li> <li>Subsequent visit: \$49</li> </ul>
✓ General dental	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>
✓ Health management / Healthy lifestyle	2	<b>\$300 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Health management: 75% of charge</li> </ul>
✓ Hearing aids	12	<b>\$1800 per person every 3 calendar years</b>	<ul style="list-style-type: none"> <li>Hearing aid: 75% of charge</li> </ul>
✓ Major dental	12	<b>\$2,250 per person</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>
✓ Non PBS pharmaceuticals*	2	<b>\$600 per person</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$600</li> </ul>
✓ Occupational therapy	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$62</li> <li>Subsequent visit: \$51</li> </ul>
✓ Optical	2	<b>\$275 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>
✓ Orthodontic	12	<b>\$2,250 per person</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>
✓ Orthotics (podiatric orthoses)	12	<b>\$500 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>
✓ Osteopathy	2	<b>\$550 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$35</li> </ul>
✓ Physiotherapy	2	<b>\$550 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$45</li> </ul>
✓ Podiatry	2	<b>\$500 per person</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>
✓ Psychology	2	<b>\$600 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$146</li> <li>Subsequent visit: \$146</li> </ul>

✓ Remedial massage	2	\$400 per person	<ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul>
✓ Speech therapy	2	\$500 per person	<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 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 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



**HBF Health Limited**  
Everyday Extras Top


**\$256.58 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

Call now  **133 423**  
Sponsor link

**HBF Health Limited**

 <http://hbf.com.au>

 [memberservices@hbf.com.au](mailto:memberservices@hbf.com.au)

 **133 423**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HBF/I22/SBGNE1D>