



**HBF Health Limited**  
Everyday Extras Top

**\$347.09 / 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/I22/TBGMV20

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><br>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><br>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><br>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><br>\$3,000 lifetime limit<br>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  | No annual limit                                                                                           | <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  | \$300 per person<br>sub-limits apply                                                                      | <ul style="list-style-type: none"> <li>Health management: 75% of charge</li> </ul>                                                                                                             |
| ✓ Hearing aids                          | 12 | \$1800 per person every 3 calendar years                                                                  | <ul style="list-style-type: none"> <li>Hearing aid: 75% of charge</li> </ul>                                                                                                                   |
| ✓ Major dental                          | 12 | \$2,250 per person<br>\$3,000 lifetime limit<br>combined limit for endodontic, major dental & orthodontic | <ul style="list-style-type: none"> <li>Full crown veneered: \$1037</li> </ul>                                                                                                                  |
| ✓ Non PBS pharmaceuticals*              | 2  | \$600 per person                                                                                          | <ul style="list-style-type: none"> <li>Per eligible prescription: \$600</li> </ul>                                                                                                             |
| ✓ Occupational therapy                  | 2  | \$500 per person                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$62</li> <li>Subsequent visit: \$51</li> </ul>                                                                                          |
| ✓ Optical                               | 2  | \$275 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>                                   |
| ✓ Orthodontic                           | 12 | \$2,250 per person<br>\$3,000 lifetime limit<br>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 | \$500 per person<br>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  | \$550 per person                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$35</li> </ul>                                                                                          |
| ✓ Physiotherapy                         | 2  | \$550 per person                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$45</li> </ul>                                                                                          |
| ✓ Podiatry                              | 2  | \$500 per person<br>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  | \$600 per person                                                                                          | <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

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](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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Available in TAS

Call now **133 423**  
Sponsor link

HBF Health Limited

<http://hbf.com.au>

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133 423

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