HBF Health Limited
Top Extras

$256.37 / month
(Before Rebate, Discount & Loading)
Available in WA

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, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified* dependant, student and non-student in these age ranges.

*Non-classified dependant: Non-classified Dependant

A person who meets all of the following criteria:

a. is aged 18 to 20 (inclusive); and

b. does not have a partner (a person in a marital or de facto relationship with the Non-classified Dependant)

HBF members can access a range of participating dentists and optical stores in WA. This means you get no gap for preventative dental services and access to a range of fully covered glasses. See http://www.hbf.com.au/health-insurance/find-a-provider.

Policy ID: HBF/I3/WBVCY1Y **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	**$350 per person** combined limit for acupuncture & chinese medicine	• Initial visit: $28 • Subsequent visit: $28
✓ **Blood glucose monitors**	12	**$200 per person**	• Per monitor: 100% of charge
✓ **Chinese medicine**	2	**$350 per person** combined limit for acupuncture & chinese medicine	• Initial visit: $28 • Subsequent visit: $28
✓ **Chiropractic**	2	**$500 per person** combined limit for chiropractic & osteopathy	• Initial visit: $60 • Subsequent visit: $40
✓ **Dietetics/dietary advice**	2	**$400 per person**	• Initial visit: $54 • Subsequent visit: $27
✓ **Endodontic**	12	**$800 per person** combined limit for endodontic & major dental	• Filling of one root canal: $185

✓ **Exercise physiology**	2	**$400 per person**	• Initial visit: $28 • Subsequent visit: $28
✓ **Eye therapy (orthoptics)**	2	**$1,000 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $49 • Subsequent visit: $49
✓ **General dental**	2	**No annual limit**	• Fluoride treatment: $25 • Scale & clean: $98 • Surgical tooth extraction: $162 • Periodic oral examination: $50
✓ **Health management / Healthy lifestyle**	2	**$350 per person** sub-limits apply	• Health management: 80% of charge
✓ **Hearing aids**	12	**$1400 per person every 3 calendar years**	• Hearing aid: 100% of charge
✓ **Major dental**	12	**$800 per person** combined limit for endodontic & major dental	• Full crown veneered: $960
✓ **Non PBS pharmaceuticals***	2	**$600 per person**	• Per eligible prescription: $600
✓ **Occupational therapy**	2	**$1,000 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $56 • Subsequent visit: $33
✓ **Optical**	2	**$551 per person** sub-limits apply	• Multi-focal lenses & frames: $250 • Single vision lenses & frames: $180
✓ **Orthodontic**	12	**$800 per person** $2,800 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: $800
✓ **Orthotics (podiatric orthoses)**	12	**$240 per person**	• Orthotics supply & fit: $240
✓ **Osteopathy**	2	**$500 per person** combined limit for chiropractic & osteopathy	• Initial visit: $36 • Subsequent visit: $28
✓ **Physiotherapy**	2	**$1,000 per person**	• Initial visit: $63 • Subsequent visit: $53
✓ **Podiatry**	2		• Initial visit: $42 • Subsequent visit: $34
✓ **Psychology**	2	**$1,850 per person**	• Initial visit: $70 • Subsequent visit: $70
✓ **Remedial massage**	2	**$400 per person**	• Initial visit: $40 • Subsequent visit: $40
✓ **Speech therapy**	2	**$1,000 per person** combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	• Initial visit: $97 • Subsequent visit: $52
✓ **Vaccinations**	2	**$100 per person for travel vaccinations only**	• Per service: 100% of charge

Top Extras also includes cover for: MYOTHERAPY (waiting period 2 months, $40 initial or subsequent visit up to combined limit - see Remedial Massage); CLINICAL PSYCHOLOGY (waiting period 2 months, $130 initial visit and $70 subsequent visit up to $1850 combined with psychology per person); NUTRITION (waiting period 2 months, $33 initial visit and $28 subsequent visit up to $200 per person); NICOTINE REPLACEMENT THERAPY (waiting period 2 months, $100 per person); NON-SURGICALLY IMPLANTED APPLIANCES (waiting period 12 months, benefits vary depending on aid up to $500 per person, sub-limits apply); NEBULISER (waiting period 12 months, $180 per person up to 1 appliance every 3 years); HYPNOTHERAPY (waiting period 2 months, $28 initial or subsequent visit up to combined limit $400 per person, combined limit for Hypnotherapy, Health Monitoring Equipment & Preventative Equipment); HEALTH MONITORING EQUIPMENT (waiting period 2 months, $120 per person up to combined limit – see Hypnotherapy); PREVENTATIVE EQUIPMENT (waiting period 2 months, $120 per person up to combined limit – see Hypnotherapy). **Note: Health Management/Healthy Lifestyle – initial visit for Strength for Life is $47 up to combined limit listed.

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

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

Ambulance cover

In WA 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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