



**HBF Health Limited**  
Top 70

**\$145.04 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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/I30/VBPUX10

**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>\$300 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Blood glucose monitors            | 2  | <b>\$500 per policy</b><br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Per monitor: 70% of charge</li></ul>                                           |
| ✓ Chinese medicine                  | 2  | <b>\$300 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$400 per policy</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                    | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per policy</b>                                                                                        | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,000 per policy</b><br>combined limit for endodontic & major dental                                      | <ul style="list-style-type: none"><li>Filling of one root canal: 70% of charge</li></ul>                             |
| ✓ Exercise physiology               | 2  | <b>\$600 per policy</b><br>combined limit for exercise physiology & physiotherapy                              | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$400 per policy</b>                                                                                        | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |

|                                                |    |                                                                                                                |                                                                                                                                                                                                                                   |
|------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>General dental</b>                        | 2  | <b>No annual limit</b><br>sub-limits apply                                                                     | <ul style="list-style-type: none"> <li>Fluoride treatment: 70% of charge</li> <li>Scale &amp; clean: 70% of charge</li> <li>Surgical tooth extraction: 70% of charge</li> <li>Periodic oral examination: 70% of charge</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$350 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Health management: 100% of charge</li> </ul>                                                                                                                                               |
| ✓ <b>Hearing aids</b>                          | 12 | <b>\$700 per person every 3 calendar years</b>                                                                 | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                                                                                     |
| ✓ <b>Major dental</b>                          | 12 | <b>\$1,000 per policy</b><br>combined limit for endodontic & major dental                                      | <ul style="list-style-type: none"> <li>Full crown veneered: 70% of charge</li> </ul>                                                                                                                                              |
| ✓ <b>Non PBS pharmaceuticals*</b>              | 2  | <b>\$400 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Per eligible prescription: 70% of charge</li> </ul>                                                                                                                                        |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$400 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</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>\$800 per policy</b><br>\$2,400 lifetime limit<br>sub-limits apply                                          | <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>\$400 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry<br>sub-limits apply    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                                                                                       |
| ✓ <b>Osteopathy</b>                            | 2  | <b>\$400 per policy</b><br>combined limit for chiropractic & osteopathy                                        | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Physiotherapy</b>                         | 2  | <b>\$600 per policy</b><br>combined limit for exercise physiology & physiotherapy                              | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Podiatry</b>                              | 2  | <b>\$400 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                        | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Psychology</b>                            | 2  | <b>\$500 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Remedial massage</b>                      | 2  | <b>\$300 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Speech therapy</b>                        | 2  | <b>\$400 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                                                           |
| ✓ <b>Vaccinations*</b>                         | 2  | <b>\$400 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                                                                                     |

Top 70 also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Psychology); HYPNOTHERAPY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Acupuncture); MYOTHERAPY (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Acupuncture); APPLIANCES, PROSTHESES AND AIDS (waiting period 2-12 months, 70% up to combined limit - see Blood glucose monitors); NUTRITION (waiting period 2 months, 70% initial or subsequent visit up to combined limit - see Dietetics/dietary advice). \*\*Note: Orthotics (podiatric orthoses) has a \$250 sub-limit.

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

✗ Ante-natal/Post-natal classes

✗ Audiology

✗ Home nursing

## Ambulance cover

In VIC 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**  
Top 70

**\$145.04 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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/I30/VBPUX10>