

**Health Insurance Fund of Australia Limited**
Super Options**\$95.65 / 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.

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See www.hif.com.au/choice-network

Policy ID: HIF/A0/DAPQ10

Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy includes General treatment (Extras) cover for

Note, for treatments marked with * : Optical benefit paid on frames and prescription optical items. Pharmacy benefit paid after deduction of the PBS co-payment at 100% up to \$80 per script. The limits detailed below are subject to a combined overall person limit of \$550 for chiro and osteo. A combined overall person limit of \$900 for occupational therapy, orthoptics (eye therapy), physio and speech therapy. Our Complementary Therapies sub-limit (\$250 per person) includes: acupuncture, myotherapy, remedial massage and traditional Chinese medicine. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture*	2	\$250 per policy combined limit for acupuncture, chinese medicine, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$25Subsequent visit: \$25
✓ Blood glucose monitors	12	\$200 per policy	<ul style="list-style-type: none">Per monitor: 75% of charge
✓ Chinese medicine*	2	\$250 per policy combined limit for acupuncture, chinese medicine, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$25Subsequent visit: \$25
✓ Chiropractic*	2	\$550 per policy combined limit for chiropractic & osteopathy sub-limits apply	<ul style="list-style-type: none">Initial visit: \$30Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$324 per policy	<ul style="list-style-type: none">Initial visit: \$36Subsequent visit: \$18
✓ Endodontic	2	\$1,300 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none">Filling of one root canal: \$113.8

✓ Eye therapy (orthoptics)*	2	\$900 per policy combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$25
✓ General dental	2	\$1,300 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Fluoride treatment: \$33.2 Scale & clean: \$110.35 Periodic oral examination: \$54.35
✓ Health management / Healthy lifestyle	2	\$100 per policy	<ul style="list-style-type: none"> Health management: \$100
✓ Hearing aids	12	\$550 per policy	<ul style="list-style-type: none"> Hearing aid: \$550
✓ Home nursing	2	\$1,800 per policy	<ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$75
✓ Major dental*	12	\$1,300 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Surgical tooth extraction: \$112.8 Full crown veneered: \$748.8
✓ Non PBS pharmaceuticals*	2	\$200 per policy	<ul style="list-style-type: none"> Per eligible prescription: \$80
✓ Occupational therapy*	2	\$900 per policy combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$45 Subsequent visit: \$25
✓ Optical*	2	\$260 per policy	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$1,300 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$1300
✓ Orthotics (podiatric orthoses)	12	\$200 per policy	<ul style="list-style-type: none"> Orthotics supply & fit: 75% of charge
✓ Osteopathy*	2	\$550 per policy combined limit for chiropractic & osteopathy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Physiotherapy*	2	\$900 per policy combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$40
✓ Podiatry	2	\$354 per policy	<ul style="list-style-type: none"> Initial visit: \$32 Subsequent visit: \$23
✓ Psychology	2	\$740 per policy	<ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$55

✓ Remedial massage*	2	\$250 per policy combined limit for acupuncture, chinese medicine, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ Speech therapy*	2	\$900 per policy combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$45

A 12 month waiting period applies to dental items: 322-324, 331, 595, and 596. A 12 month waiting period applies to IVF drugs. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only. Like most Extras health covers, there are annual limits (a limit on how much we will pay toward your claims) for most services under Super Options. However, your benefit limits will be refreshed every year on January 1. What's more, we'll increase your annual limits on a number of services. For example, benefits and annual limits for major dental services increase each year for the first five years of membership. Likewise, benefits and annual limits for complementary therapy services will increase after three years of membership, while optical benefits increase after five years. Other items covered: Asthmatic spacers, Diabetes Education, External Prosthesis, Humidifier/ Nebuliser and a Peak Flow Meter.

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

- ✗ Ante-natal/Post-natal classes
- ✗ Exercise physiology
- ✗ Audiology
- ✗ Vaccinations

Other features of this general treatment cover: Super Options has practically everything you could wish for – major dental, chiro, physio, optical, healthy lifestyle and ambulance to name just a few. Plus, it covers a host of other health services like psychology, orthotics and speech therapy.

For further information about this policy see: <https://www.hif.com.au/superoptions-factsheet>

Ambulance cover

In NT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 30 days.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover: There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see: <https://www.hif.com.au/ambulance>

Insurer Details



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Super Options

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Call now  **1300 134 060**
Sponsor link

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 <http://www.hif.com.au>

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