

**Health Insurance Fund of Australia Limited**  
**Top Extras****\$285.50 / month**

(Before Rebate, Discount &amp; 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: HIF describes any child dependant up to the age of 20

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](http://www.hif.com.au/choice-network)

**Policy ID:** HIF/A12/SBW1D**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. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only. 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  | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$200 per person</b>                                                                        | <ul style="list-style-type: none"><li>Per monitor: 75% of charge</li></ul>                         |
| ✓ Chinese medicine                  | 2  | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$550 per person</b><br>combined limit for chiropractic & osteopathy                        | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person</b>                                                                        | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic & major dental                      | <ul style="list-style-type: none"><li>Filling of one root canal: \$155</li></ul>                   |

|                                         |    |                                                                                                               |                                                                                                                                                                                                            |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Exercise physiology                   | 2  | <b>\$750 per person</b><br>combined limit for exercise physiology, physiotherapy & other services             | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                                                                      |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$600 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                      |
| ✓ General dental                        | 2  | <b>No annual limit</b>                                                                                        | <ul style="list-style-type: none"> <li>Fluoride treatment: \$33.2</li> <li>Scale &amp; clean: \$110.35</li> <li>Surgical tooth extraction: \$165.15</li> <li>Periodic oral examination: \$54.35</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$150 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Health management: 100% of charge</li> </ul>                                                                                                                        |
| ✓ Hearing aids                          | 12 | <b>\$1,000 per person</b>                                                                                     | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                                                              |
| ✓ Home nursing                          | 2  | <b>\$500 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$100</li> </ul>                                                                                                    |
| ✓ Major dental*                         | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic & major dental                                     | <ul style="list-style-type: none"> <li>Full crown veneered: \$911.85</li> </ul>                                                                                                                            |
| ✓ Non PBS pharmaceuticals*              | 2  | <b>\$400 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Per eligible prescription: \$80</li> </ul>                                                                                                                          |
| ✓ Occupational therapy                  | 2  | <b>\$600 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                      |
| ✓ Optical*                              | 2  | <b>\$300 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>\$1,000 per person</b><br>\$2,500 lifetime limit                                                           | <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>\$250 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 75% of charge</li> </ul>                                                                                                                |
| ✓ Osteopathy                            | 2  | <b>\$550 per person</b><br>combined limit for chiropractic & osteopathy                                       | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                      |
| ✓ Physiotherapy                         | 2  | <b>\$750 per person</b><br>combined limit for exercise physiology, physiotherapy & other services             | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                                      |
| ✓ Podiatry                              | 2  | <b>\$400 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                      |
| ✓ Psychology                            | 2  | <b>\$700 per person</b>                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$90</li> <li>Subsequent visit: \$90</li> </ul>                                                                                                      |
| ✓ Remedial massage                      | 2  | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage                | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                      |

- ✓ **Speech therapy**    2    **\$600 per person**
- combined limit for eye therapy (orthoptics), occupational therapy & speech therapy
  - Initial visit: \$65
  - Subsequent visit: \$65

Our Complementary Therapies includes: acupuncture, myotherapy, remedial massage and traditional Chinese medicine. Treatment must be provided by a practitioner who is registered with HIF in the speciality for which the charge is raised, benefits are not payable on medicines. A 12 month waiting period applies to IVF drugs. 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    ✗ Audiology    ✗ Vaccinations

**Other features of this general treatment cover:** Top Extras is our top-level Extras cover. It includes larger benefits and higher limits and provides coverage for over 20 services such as Dental, Physio, Chiro, Podiatry, Complementary Therapies, Pharmacy, Psychology and more.

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

## Ambulance cover

In SA 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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Call now  **1300 134 060**  
Sponsor link

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

 [hello@hif.com.au](mailto:hello@hif.com.au)

 **1300 134 060**

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