

**Health Insurance Fund of Australia Limited**  
Top Extras**\$132.30 / 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:** 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](http://www.hif.com.au/choice-network)

**Policy ID:** HIF/A12/TBVZ10

**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 policy</b> 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 policy</b>	<ul style="list-style-type: none"><li>Per monitor: 75% of charge</li></ul>
✓ Chinese medicine	2	<b>\$500 per policy</b> 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 policy</b> 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 policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul>
✓ Endodontic	12	<b>\$1,500 per policy</b> 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 policy</b> 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>

✓ <b>Eye therapy (orthoptics)</b>	2	<b>\$600 per policy</b> 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>
✓ <b>General dental</b>	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>
✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$150 per policy</b>	<ul style="list-style-type: none"> <li>Health management: 100% of charge</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>
✓ <b>Home nursing</b>	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$100</li> </ul>
✓ <b>Major dental*</b>	12	<b>\$1,500 per policy</b> combined limit for endodontic & major dental	<ul style="list-style-type: none"> <li>Full crown veneered: \$911.85</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$400 per policy</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$80</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$600 per policy</b> 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>
✓ <b>Optical*</b>	2	<b>\$300 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>\$1,000 per policy</b> \$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>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$250 per policy</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 75% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$550 per policy</b> combined limit for chiropractic & osteopathy	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$750 per policy</b> 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>
✓ <b>Podiatry</b>	2	<b>\$400 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>
✓ <b>Psychology</b>	2	<b>\$700 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$90</li> <li>Subsequent visit: \$90</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$500 per policy</b> 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>
✓ <b>Speech therapy</b>	2	<b>\$600 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$65</li> </ul>

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

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).

**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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