

**Health Insurance Fund of Australia Limited**
Top Extras**\$144.85 / 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.

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/A12/VBWD10

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 | \$500 per policy combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none">Initial visit: \$40Subsequent visit: \$40 |
| ✓ Blood glucose monitors | 12 | \$200 per policy | <ul style="list-style-type: none">Per monitor: 75% of charge |
| ✓ Chinese medicine | 2 | \$500 per policy combined limit for acupuncture, chinese medicine & remedial massage | <ul style="list-style-type: none">Initial visit: \$40Subsequent visit: \$40 |
| ✓ Chiropractic | 2 | \$550 per policy combined limit for chiropractic & osteopathy | <ul style="list-style-type: none">Initial visit: \$40Subsequent visit: \$40 |
| ✓ Dietetics/dietary advice | 2 | \$400 per policy | <ul style="list-style-type: none">Initial visit: \$45Subsequent visit: \$45 |
| ✓ Endodontic | 12 | \$1,500 per policy combined limit for endodontic & major dental | <ul style="list-style-type: none">Filling of one root canal: \$155 |
| ✓ Exercise physiology | 2 | \$750 per policy combined limit for exercise physiology, physiotherapy & other services | <ul style="list-style-type: none">Initial visit: \$35Subsequent visit: \$35 |

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

Health Insurance Fund of Australia Limited

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

 hello@hif.com.au

 **1300 134 060**

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