



Health Insurance Fund of Australia Limited
Top Extras

\$259.90 / month
(Before Rebate, Discount & Loading)
Available in WA

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

Policy ID: HIF/A12/WBWI1D

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

✓ Exercise physiology	2	\$750 per person combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$35
✓ Eye therapy (orthoptics)	2	\$600 per person 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 person	<ul style="list-style-type: none"> Health management: 100% of charge
✓ Hearing aids	12	\$1,000 per person	<ul style="list-style-type: none"> Hearing aid: 100% of charge
✓ Home nursing	2	\$500 per person	<ul style="list-style-type: none"> Initial visit: \$100 Subsequent visit: \$100
✓ Major dental*	12	\$1,500 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Full crown veneered: \$911.85
✓ Non PBS pharmaceuticals*	2	\$400 per person	<ul style="list-style-type: none"> Per eligible prescription: \$80
✓ Occupational therapy	2	\$600 per person 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 person	<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 person \$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 person	<ul style="list-style-type: none"> Orthotics supply & fit: 75% of charge
✓ Osteopathy	2	\$550 per person combined limit for chiropractic & osteopathy	<ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$40
✓ Physiotherapy	2	\$750 per person combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$50
✓ Podiatry	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$40
✓ Psychology	2	\$700 per person	<ul style="list-style-type: none"> Initial visit: \$90 Subsequent visit: \$90
✓ Remedial massage	2	\$500 per person 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 person**
- Initial visit: \$65
 - Subsequent visit: \$65
- combined limit for eye therapy (orthoptics), occupational therapy & speech therapy

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 WA 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

 **1300 134 060**

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