



**Health Insurance Fund of Australia Limited**  
Premium Options

**\$135.90 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

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/A5/NAQK10

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. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply. The limits detailed below are subject to a combined overall person limit of \$650 for chiro and osteo. A combined overall person limit of \$1,200 for occupational therapy, orthoptics (eye therapy), physio and speech therapy. Our Complementary Therapies sub-limit (\$500 per person) includes: acupuncture, myotherapy, remedial massage and traditional Chinese medicine.

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 & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Blood glucose monitors	12 \$200 per policy	<ul style="list-style-type: none"> <li>Per monitor: 75% of charge</li> </ul>
✓ Chinese medicine*	2 \$500 per policy combined limit for acupuncture, chinese medicine, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Chiropractic*	2 \$650 per policy combined limit for chiropractic & osteopathy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>
✓ Dietetics/dietary advice	2 \$324 per policy	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$18</li> </ul>
✓ Endodontic	2 \$1,500 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services	<ul style="list-style-type: none"> <li>Filling of one root canal: \$113.8</li> </ul>

✓ <b>Eye therapy (orthoptics)*</b>	2	<b>\$1,200 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$25</li> </ul>
✓ <b>General dental</b>	2	<b>\$1,500 per policy</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$33.2</li> <li>Scale &amp; clean: \$110.35</li> <li>Periodic oral examination: \$54.35</li> </ul>
✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$125 per policy</b>	<ul style="list-style-type: none"> <li>Health management: \$125</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$550 per policy</b>	<ul style="list-style-type: none"> <li>Hearing aid: \$600</li> </ul>
✓ <b>Home nursing</b>	2	<b>\$1,800 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$120</li> <li>Subsequent visit: \$120</li> </ul>
✓ <b>Major dental*</b>	12	<b>\$1,500 per policy</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$121.5</li> <li>Full crown veneered: \$872.1</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$200 per policy</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$80</li> </ul>
✓ <b>Occupational therapy*</b>	2	<b>\$1,200 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$27</li> </ul>
✓ <b>Optical*</b>	2	<b>\$280 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>\$1,500 per policy</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$1500</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$240 per policy</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 75% of charge</li> </ul>
✓ <b>Osteopathy*</b>	2	<b>\$650 per policy</b> combined limit for chiropractic & osteopathy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>
✓ <b>Physiotherapy*</b>	2	<b>\$1,200 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$382 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$25</li> </ul>
✓ <b>Psychology</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$55</li> </ul>

<p>✓ Remedial massage*</p>	2	<p><b>\$500 per policy</b></p> <p>combined limit for acupuncture, chinese medicine, remedial massage &amp; other services</p>	<ul style="list-style-type: none"> <li>• Initial visit: \$30</li> <li>• Subsequent visit: \$30</li> </ul>
<p>✓ Speech therapy*</p>	2	<p><b>\$1,200 per policy</b></p> <p>combined limit for eye therapy (orthoptics), occupational therapy, physiotherapy &amp; speech therapy</p> <p>sub-limits apply</p>	<ul style="list-style-type: none"> <li>• Initial visit: \$75</li> <li>• Subsequent visit: \$45</li> </ul>

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 Premium 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:** Premium Options is one of our top-level Extras cover. It's big on everyday healthcare services, covering all the essentials like dental, chiro, physio, osteo and optical, as well as other services like orthoptics (eye therapy), occupational therapy, speech therapy and hearing aids. It also gives you larger benefits and higher annual limits all round. Plus, you can access our 'HIF Second Opinion' service, so you can get a second opinion on any diagnosis, condition or treatment plan.

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

## Ambulance cover

In NSW & ACT 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




**Health Insurance Fund of Australia Limited**  
Premium Options


**\$135.90 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

Call now  **1300 134 060**  
Sponsor link

**Health Insurance Fund of Australia Limited**

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

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

 **1300 134 060**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HIF/A5/NAQK10>