

Everyday Extras Cover Summary

Please note: this product is no longer available for sale.
It is restricted to policies that held this product at the time of closure.

This is an overview of Everyday Extras. This product sheet must be read in conjunction with the Membership Guide available at hbf.com.au/membership-guide

For additional information about your health cover, chat to us online at hbf.com.au or call us on 133 423. Benefits are payable up to your annual limit and only for services and programs approved by HBF and delivered by providers that are approved by HBF.

Annual limits are per person per calendar year unless otherwise stated. Waiting periods may apply before benefits are payable. There is a limit of 1 initial consultation per service, per calendar year.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits	
			Length of Cover	Amount
Alternative Therapies¹				
Acupuncture consultations	2 months	\$30	Up to 1 year	\$200
Hypnotherapy consultations			1-2 years	\$250
Traditional Chinese Medicine consultations			Over 2 years	\$300
Appliances²				
Health monitoring equipment	2 months	60%	Up to 1 year	\$800
Non-surgically implanted appliances	12 months		1-2 years	\$900
Nebuliser – 1 per 3 calendar years			2-3 years	\$1,000
Blood glucose monitor – 1 per 3 calendar years			3-4 years	\$1,100
Hearing aids		100%	Over 4 years	\$1,200
Annual limit can be claimed once every 3 calendar years on Hearing aids				
Chiropractic				
Initial consultation	2 months	\$39	Up to 1 year	\$400
Subsequent consultations		\$27	1-2 years	\$450
X-ray – 1 per calendar year		\$64	2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600

¹ HBF will only pay a benefit for one consultation regardless of the number of services provided during a consultation. HBF does not pay a benefit for medications, herbs or herbal medications.

² For HBF approved and medically necessary appliances only. HBF does not cover accessories and associated software for appliances. Item limits apply.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits				
			Length of Cover	Amount			
Dental							
Preventative		Member Plus dental providers	Non-Member Plus dental providers				
Scale and clean – first visit per calendar year (Item 114)	2 months	100% of schedule fee	\$83	No limit			
Scale and clean – subsequent visits (Item 114)			\$83 ³				
Oral examination (Item 012)		85% of schedule fee	\$42				
Dental x-ray (Item 022)			\$34				
Fluoride treatment (Item 121)			\$21				
General Restorative		All dental providers					
Extractions (Item 322)	2 months	\$116		Up to 3 years	\$600		
Simple fillings (Item 521)		\$59		3-5 years	\$800		
				Over 5 years	\$1,200		
Major		All dental providers					
Crowns veneered (Item 615)	12 months	\$690		Up to 2 years	\$1,500		
Bridges (Item 643)		\$509					
Root canal (Item 417)		\$137					
Dentures (Item 719)		\$820				2-3 years	\$1,750
						3-4 years	\$2,000
						Over 4 years	\$2,500
Implants		All dental providers					
Implants (Item 688)		\$1,188		Orthodontics lifetime limit of \$2,500			
Orthodontics		All dental providers					
Braces (Item 831)		100%					
Dietetics and Nutrition							
Initial consultation	2 months	\$41		Up to 1 year	\$400		
Subsequent consultations		\$24		1-2 years	\$450		
Dietetics – group consultations		\$15		2-3 years	\$500		
				3-4 years	\$550		
				Over 4 years	\$600		
Exercise Physiology							
Individual consultations	2 months	\$28		Up to 1 year	\$400		
					1-2 years	\$450	
Group consultations		\$10		2-3 years	\$500		
				3-4 years	\$550		
				Over 4 years	\$600		
Eye Therapy							
Consultations – up to 30 minutes	2 months	\$30		Up to 1 year	\$400		
					1-2 years	\$450	
Consultations – over 30 minutes		\$42		2-3 years	\$500		
				3-4 years	\$550		
				Over 4 years	\$600		
Healthy Living Programs							
Health check – 1 per calendar year	2 months	100% – Only when provided at select Member Plus pharmacies		One per calendar year			
Flu vaccination – 1 per calendar year				Up to 1 year	\$200		
Dose administration aids				1-2 years	\$250		
Health management services		Over 2 years	\$300				
		Up to 100%		Sub-limits apply on select programs			
Occupational Therapy							
Initial consultation	2 months	\$42		Up to 1 year	\$400		
Subsequent consultations – up to 30 minutes		\$25		1-2 years	\$450		
Subsequent consultations – over 30 minutes		\$32		2-3 years	\$500		
Group consultations		\$15		3-4 years	\$550		
				Over 4 years	\$600		

³ If a subsequent scale and clean is required to complete the same course of treatment (dental item 115), the benefit for this treatment may be lower.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits		
			Length of Cover	Amount	
Optical					
Frames and prescription lenses	2 months	100%	\$225		
Contact lenses					
Osteopathy					
Initial consultation	2 months	\$39	Up to 1 year	\$400	
Subsequent consultations			\$27	1-2 years	\$450
		2-3 years		\$500	
		3-4 years		\$550	
		Over 4 years		\$600	
Pharmaceuticals (non-PBS)					
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment ⁴	Up to 1 year	\$400	
			1-2 years	\$450	
			2-3 years	\$500	
			3-4 years	\$550	
			Over 4 years	\$600	
Physiotherapy					
Initial consultation	2 months	\$39	Up to 1 year	\$400	
Subsequent consultations			\$32	1-2 years	\$450
				2-3 years	\$500
Group consultations			\$14	3-4 years	\$550
			Over 4 years	\$600	
Podiatry					
Initial consultation	2 months	\$40	Up to 1 year	\$400	
Subsequent consultations			Up to \$30	1-2 years	\$450
Foot orthoses including casting (pair) ⁵	12 months	60%	2-3 years	\$500	
Diagnostic testing and biomechanical evaluation				3-4 years	\$550
			Over 4 years	\$600	
Psychology					
Clinical Psychology⁶					
Assessment	2 months	\$100	Up to 1 year	\$400	
Treatment/management					\$75
Group treatments					\$40
Psychology					
Individual consultations		\$75	2-3 years	\$600	
Group consultations		\$40	3-4 years	\$700	
			Over 4 years	\$800	
Remedial Massage/Myotherapy⁷					
Consultations	2 months	\$30	Up to 1 year	\$200	
			1-2 years	\$250	
			2-3 years	\$300	
			3-4 years	\$350	
			Over 4 years	\$400	
Speech Therapy					
Initial consultation – up to 45 minutes	2 months	\$65	Up to 1 year	\$400	
Initial consultation – over 45 minutes					\$85
Subsequent consultations – up to 45 minutes					\$40
Subsequent consultations – over 45 minutes					\$45
Group consultations					\$25
			2-3 years	\$500	
			3-4 years	\$550	
			Over 4 years	\$600	
Urgent Ambulance					
Urgent ambulance (by road)	7 days	100%	No limit		

⁴ The benefit may vary depending on the medication. Benefits are only payable where the medication satisfies eligibility criteria set by HBF.

⁵ Foot orthoses must be custom-made by an approved HBF provider. For some foot orthoses, HBF will only pay a benefit when provided by an approved Podiatrist, Orthotist or Surgical Boot Maker.

⁶ Provider must be registered with the relevant national board and hold an endorsement for Clinical Psychology or Clinical Neuropsychology.

⁷ HBF will only pay a benefit for one consultation regardless of the number of services provided during a consultation. HBF does not pay a benefit for non-remedial massages (e.g. general massages, relaxation massages, or aromatherapy massages at a spa).

More information about your health cover

Waiting periods

Where you have continuous extras cover, we'll honour any waiting periods you served on your previous cover, so you won't have to re-serve them.

If you are part-way through a waiting period, you will just have to serve the remainder before you can claim.

If there are services on this cover, that were not on your previous cover, you will have to serve the relevant waiting periods for the new services.

If there are higher benefits or limits on this cover compared to your previous cover, you will have to serve the relevant waiting periods for the increased benefits or limits.

Urgent Ambulance

With Urgent Ambulance, you'll be fully covered for ambulance transport by road and on-site treatment, for circumstances classified as emergency or urgent provided by an HBF approved provider.

The most common urgent ambulance service is a call-out that requires a transport to the nearest hospital emergency department. Emergency or urgent treatment by paramedics at the scene, such as resuscitation, are also considered an urgent ambulance service and will therefore be eligible for benefit under your cover. Each state runs a little differently when it comes to Ambulance cover, so here's what you need to know when you get your bill:

- If you live in VIC, SA, WA or NT and receive a bill for emergency or urgent ambulance transport or on-site treatment, send it to us for processing.
- If you live in NSW or ACT, you need to return your bill to your respective state/territory ambulance levy scheme with your HBF member information.
- If you live in TAS or QLD, and are a permanent resident, you are covered under your state-based scheme for ambulance services within your state.
- If you hold a concession card, you may have subsidised ambulance services depending on the state you live in.

HBF won't pay a benefit for:

- Situations where the service is not classified as emergency or urgent and you are not transported to an emergency department, including transport to medical appointments.
- Any transport not provided in an ambulance by road, including air ambulance services.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers.
- Any transport between public hospitals.

Out-of-pocket costs

There may be an out-of-pocket cost if your provider charges more than the HBF benefit payable for that service. As benefits are only payable up to annual limits, an out-of-pocket cost may also apply if your remaining limit is less than the fee charged.

Member Plus providers

HBF has a range of Member Plus providers that offer Member Plus benefits to HBF members on eligible health covers. Choosing these 'Member Plus providers' over non-participating providers means you can reduce or avoid out-of-pocket costs. Member Plus benefits apply when the provider charges in accordance with the Member Plus schedule fee, if the provider charges above the schedule fee, you will have a larger out-of-pocket cost. You can find a list of our providers at hbf.com.au/find-a-provider.

Member Plus dental: When going to an HBF Member Plus dental provider, you will receive 100% back on your first scale and clean per calendar year and between 75% to 100% benefit depending on your cover for preventative dental services, subject to your annual limit.

Member plus dental arrangements available in WA, NSW, VIC, QLD and ACT only.

Member Plus optical: HBF has a large network of Member Plus optical providers to help members minimise out-of-pocket expenses associated with glasses and contact lenses. These providers offer fully covered glasses from the no-gap range. Additional benefits may include complimentary hard coating on all lenses, four week replacement warranty on frames and discounts on lens add-ons like reflective coating and tinting.

Member plus optical arrangements available in all States.

Member Plus pharmacy: When going to an HBF Member Plus pharmacy provider, you will receive 100% back on your first health check, a flu vaccination and dose administration aids each calendar year, subject to your Healthy Living Programs annual limit.

Member Plus pharmacy arrangements available in all states excluding NT. Please note, some Member Plus pharmacies may not offer all services.

Healthy Living Programs

Health management services help members manage or improve their health and wellbeing, through early intervention services or programs. These services can change from time to time, for more information go to hbf.com.au/healthy-living-programs

Definitions

Annual limit: The maximum amount of benefits you can receive for a treatment within a calendar year. When you change your level of cover or switch to HBF, any claims you made this calendar year will result in an adjustment of the annual limit you can claim for the remainder of the year.

Orthodontics lifetime limit: The total benefit you can receive for Orthodontics treatment in your lifetime. That means, once you've claimed up to your lifetime limit, you won't be able to claim again regardless if you change your cover or leave and re-join us. All benefits that you receive from all health funds count towards your lifetime limit.

Item/Service limit: The maximum number of times that you can claim on the same item or service within a specific time period.

Sub-limit: The maximum amount of money you can claim on a specific service or item within an overall annual limit.

Pharmaceuticals (non PBS) co-payment: The fixed amount you'll pay towards medications approved by HBF, before a benefit can be paid. A benefit is only payable when the cost of the medication exceeds the co-payment amount.

The amount of the co-payment is an amount reasonably determined by HBF. As at 1 January 2023 the co-payment amount is \$42.50.

Are there any exclusions on benefits?

There are some common situations where HBF won't pay a benefit:

- If you receive treatment that is not included on your cover
- Your premium payments are not up-to-date at the time of treatment
- Your claim is not lodged within two years of the date of service
- If you have not yet received your treatment at the time you claim
- Your treatment is provided outside of Australia
- For goods received directly or indirectly (eg. online ordering through marketplace websites) from providers operating outside of Australia
- Your claim is covered by worker's compensation, third party or other legal right
- For treatment where incompatible services are received
- For services received more than once in a specified period of time

See the **Membership Guide** for further exclusions.

Before receiving any treatment, you should contact us or go to hbf.com.au/myhbf for a health benefit quote so you know how much you're covered for, the benefits you'll receive and any out-of-pocket expenses.

HBF reserves the right to make changes to its products, benefits and terms and conditions from time to time. HBF will notify the policyholder a reasonable time in advance of any changes that might be detrimental to the member's interests.