

Top 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 Top 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	\$28	Up to 1 year	\$350
Traditional Chinese Medicine consultations			1-2 years	\$400
			2-3 years	\$450
Hypnotherapy consultations	Over 3 years	\$500	\$400	Combined annual limit for Health monitoring equipment, Hypnotherapy and Preventative equipment
Appliances²				
Non-surgically implanted appliances	12 months	Benefits vary depending on appliance	\$500	Sub-limits apply for some items
Nebuliser		\$180	One appliance per 3 years	
Blood glucose monitor		\$200	One appliance per 3 years	
Health monitoring equipment	2 months	100% Up to \$120 sub-limit	\$400	Combined annual limit for Health monitoring equipment, Hypnotherapy and Preventative equipment
Preventative equipment		100% Up to \$120 sub-limit		
Chiropractic				
Initial consultation	2 months	\$60	\$500	Combined annual limit for Chiropractic and Osteopathy
Subsequent consultations		\$40		
X-ray – 1 per calendar year		\$107		

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		
Oral examination (Item 012)	2 months	100% of schedule fee	\$50	No limit	
Dental x-ray (Item 022)			\$40		
Fluoride treatment (Item 121)			\$25		
Scale and clean (Item 114)			\$98		
General Restorative		All dental providers			
Extractions (Item 322)	2 months	\$162	No limit		
Simple fillings (Item 521)		\$78			
Major		All dental providers			
Crowns veneered (Item 615)	12 months	Up to \$960	Up to 3 years \$800 3-5 years \$1,320 Over 5 years \$2,500		
Root canal (Item 417)		\$185			
Bridges (Item 643)		\$690			
Dentures (Item 719)		Up to \$1,100			
Implants		All dental providers			
Implants (Item 688)	Up to \$1,317				
Orthodontics		All dental providers			
Braces (Item 831)	12 months	100%	Up to 3 years \$800 3-5 years \$1,200 5-10 years \$2,000 Over 10 years \$2,800 Lifetime limit \$2,800		
Dietetics and Nutrition					
Dietetics – initial consultation	2 months	\$54	\$400		
Dietetics – subsequent consultations		\$27			
Dietetics – group consultations		\$11			
Nutrition – initial consultation		\$33	\$200		
Nutrition – subsequent consultations		\$28			
Exercise Physiology					
Individual consultations	2 months	\$28	\$400		
Group consultations		\$10			
Eye Therapy					
Consultations – up to 30 minutes	2 months	\$24	Up to 3 years \$1,000 Over 3 years \$1,400		
Consultations – over 30 minutes		\$49	Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy		
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 3 years \$350 Over 3 years \$450	
Dose administration aids		Sub-limits apply on select programs			
Health management services					Up to 100%
Hearing Aids					
Hearing aids	12 months	100%	Up to 2 years \$900 2-3 years \$1,000 3-4 years \$1,200 Over 4 years \$1,400 Annual limits can only be claimed every 3 calendar years		

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits	
			Length of Cover	Amount
Occupational Therapy				
Initial consultation	2 months	\$56	Up to 3 years	\$1,000
Subsequent consultations – up to 30 minutes		\$33		Over 3 years
Subsequent consultations – over 30 minutes		\$52	Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy	
Group consultations		\$12		
Optical				
Frames only	2 months	\$180	1 pair of glasses per calendar year	
Frames and single vision lenses		\$250		
Frames and bi-focal or multi-focal lenses		\$212	1 pair of contact lenses or up to \$200 for disposable lenses	
Spherical rigid or soft contact lenses (pair)				
Osteopathy				
Initial consultation	2 months	\$36	\$500	
Subsequent consultations		\$28	Combined annual limits for Chiropractic and Osteopathy	
Pharmaceuticals (non-PBS)				
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment ³	\$600	
Physiotherapy				
Initial consultation	2 months	\$63	\$1,000	
Subsequent consultations		\$53		
Group consultations		\$25		
Podiatry				
Initial consultation	2 months	\$42	10 consultations	
Subsequent consultations		Up to \$39		
Foot orthoses including casting (pair) ⁴	12 months	Up to \$240	\$240	
Diagnostic testing and biomechanical evaluation		Up to \$60	\$60	
Psychology				
Clinical Psychology⁵				
Assessment	2 months	\$130	\$1,850	
Treatment/management		\$70		
Group treatments		\$35		
Psychology				
Individual consultations	2 months	\$70		
Group consultations		\$35		
Remedial Massage/Myotherapy⁶				
Consultations	2 months	\$40	\$400	
Speech Therapy				
Initial consultation – up to 45 minutes	2 months	\$97	Up to 3 years	\$1,000
Initial consultation – over 45 minutes		\$122		Over 3 years
Subsequent consultations – up to 45 minutes		\$52	Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy	
Subsequent consultations – over 45 minutes		\$72		
Group consultations		\$12		
Urgent Ambulance				
Urgent ambulance (by road)	7 days	100%	No limit	

³ The benefit may vary depending on the medication. Benefits are only payable where the medication satisfies eligibility criteria set by HBF.

⁴ 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.

⁵ Provider must be registered with the relevant national board and hold an endorsement for Clinical Psychology or Clinical Neuropsychology.

⁶ 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.