

essentials cover



policy details for your essentials cover



## **What is HBF Essentials cover?**

HBF provides benefits for a wide range of day-to-day health care services not necessarily covered by Medicare. These are called HBF Essentials, and there are four levels of cover for you to choose from.

**PremiumEssentials**

**ExtraEssentials**

**EssentialsStandard**

**EssentialsSaver**

## CONTENTS

<b>HBF Essentials benefits checklist</b> .....	3
<b>Why you should read this brochure</b> .....	4
<b>Making your Essentials claim</b> .....	4
Before you are eligible to claim .....	4
Obtaining a health benefit quote .....	4
Making your claim .....	4
<b>Essentials benefits</b> .....	4
Annual maximums .....	4
Medically necessary services .....	4
Approved providers .....	4
<b>Essentials cover summary</b> .....	5
<b>Additional Essentials information</b> .....	19
Clinical Psychology .....	19
Complementary Therapies .....	19
Dental .....	19
First Aid Courses and Kits .....	20
Foot Orthoses .....	20
Optical .....	20
Pharmaceutical .....	20
Podiatry .....	20
Preventative Health .....	20
Urgent Ambulance .....	20
<b>HBF GapSaver</b> .....	21
<b>Wellness</b> .....	21
<b>Wellness information</b> .....	21
<b>Wellness summary</b> .....	22
<b>Your questions answered</b> .....	24
Why isn't there a no-claim bonus? .....	24
Why doesn't HBF pay 100% of health costs? .....	24
Up to what age are my children covered? .....	24
Need cover outside Australia? .....	24
Need cover when you are interstate? .....	24
Moving interstate permanently? .....	24
Where can I get the HBF Fund Rules? .....	24
Are there any exclusions on benefits? .....	24
<b>Let us help you</b> .....	25
<b>Cooling off period</b> .....	25
<b>Complaints</b> .....	25
<b>State of Health Funds Report</b> .....	25
<b>Privacy</b> .....	26
Ensuring your Privacy .....	26
<b>Standard Information Statements</b> .....	26

## HBF Essentials benefits checklist

	Waiting periods	PremiumEssentials*	ExtraEssentials*	EssentialsStandard	EssentialsSaver
Appliances	12-24 months	✓	✓	✓	✗
Chiropractic	2 months	✓	✓	✓	If selected
Clinical Psychology	6 months	✓	✓	✓	✗
Complementary Therapies	2 months	✓	✓	✗	✗
Dental – General	2 months	✓	✓	✓	✓
Dental – Major	12 months	✓	✓	✓	If selected
Dental – Implants and Orthodontics	12 months	✓	✓	✓	✗
Dietetics	2 months	✓	✓	✓	✗
First Aid Course and Kits	6 months	✓	✓	✗	✗
Hearing Aid	36 months	✓	✓	✓	✗
Occupational Therapy	2 months	✓	✓	✓	✗
Optical – Contact Lenses†	12 months	✓	✓	✓	If selected
Optical – Glasses†	2 months	✓	✓	✓	If selected
Orthoptics – Eye Therapy	2 months	✓	✓	✓	✗
Osteopathy	2 months	✓	✓	✗	✗
Pharmaceutical	2-12 months	✓	✓	✓	If selected
Physiotherapy	2 months	✓	✓	✓	If selected
Podiatry Services and Surgery†	2 months	✓	✓	✓	If selected
Podiatry – Foot Orthoses†	12 months	✓	✓	✓	If selected
Preventative Health	12 months	✓	✓	✗	✗
Speech Therapy	2 months	✓	✓	✓	✗
Urgent Ambulance**	7 days	✓	✓	✓	✓

\*The difference between ExtraEssentials and PremiumEssentials is the amount of benefits paid and premium amount. † If Optical is selected both contact lenses and glasses are covered. If Podiatry is selected, foot orthoses and podiatry services and surgery are covered. \*\*Urgent ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention.

## WHY YOU SHOULD READ THIS BROCHURE

It's really important that you understand all the details of your health cover, so when you need to receive Essentials treatment you'll understand what you're covered for. We recommend reading through this brochure and then keeping it for the future in case you have any questions.

## MAKING YOUR ESSENTIALS CLAIM

### **Before you are eligible to claim**

Once you are an HBF Essentials member, there are waiting periods that apply before you can receive benefits.

These waiting periods also apply when transferring to a product that may have higher benefits, although benefits are still payable at your previous level of cover, given you have served your waiting periods.

### **Obtaining a health benefit quote**

If a high cost treatment is proposed, it's always best to get an itemised quote from your provider. Once you obtain a quote and contact HBF, we can then give you a health benefit quote which will tell you how much you are covered for. This way, you'll know exactly

what benefits you will receive and also any out of pocket expenses you may incur for the proposed treatment before it begins. Please note that benefit quotes are valid for three months and are subject to change if a claim is not lodged in that time or if additional claims are lodged prior to the proposed treatment.

### **Making your claim**

HBF members can claim electronically at many health service providers. This means you can receive your benefit on the spot for services like dental and optical and you only need to pay for any out of pocket expenses you may incur. E-claiming is available for most services at dental, optical, physiotherapy, chiropractic, podiatry, dietetics, occupational therapy and osteopathy providers who are e-claiming service providers and approved by HBF. This means you don't need to fill out any forms or wait to receive your benefit as long as you present your HBF member card to the provider on the day of service. To find out if your provider is a registered e-claiming service provider visit [www.hicaps.com.au](http://www.hicaps.com.au) or contact your provider.

### **Manual Claiming**

If your provider doesn't have e-claiming, you can still claim manually at any Service Centre by simply presenting your account and HBF member card. Alternatively, you can also download a claim form online at [hbf.com.au](http://hbf.com.au), or simply call an HBF Member Service Advisor on 133 423 and we'll post a claim form that day. If you have already settled your account, your payment can be reimbursed immediately via cash (limits apply), cheque or direct credit. Please note that cash reimbursements can only

be claimed in person at an HBF Service Centre. If your account hasn't been paid, your claim will be paid in favour of the provider.

## ESSENTIALS BENEFITS

### **Annual maximums**

As an HBF member, some of your Essentials entitlements and maximums are based on the length of your membership and the level of your HBF Essentials cover. Maximum benefits for treatment and services are calculated and based on calendar years. Please note that maximums cannot be advanced from future years, nor can unused entitlements be carried forward to the following year.

### **Medically necessary services**

Benefits are only payable where treatment is medically necessary.

### **Approved providers**

HBF benefits are paid only for services provided by HBF approved providers who must be registered with their government registration board (where applicable) and who must practise solely and exclusively in private practice, except where HBF decides otherwise. Since not all providers are HBF approved, be sure to ask your provider first. If you need further information, please call a Member Service Advisor on 133 423 or go to [hbf.com.au](http://hbf.com.au).

## Essentials cover summary

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Appliances</b> (Charges for most appliances must be over \$100)		1-2 yrs depending on appliance	Varies depending on appliance	Varies depending on appliance
Blood glucose monitor			\$200	One unit per 3 yrs
Nebuliser			\$180	One unit per 3 yrs
<b>Chiropractic</b>		2 months		
Chiropractic x-ray	1 p.p. per yr		\$107	\$350 under 1 yr
1-6 consultations			\$28	\$400 1 yr up to 2 yrs
7-10 consultations			\$28	\$450 2 yrs up to 3 yrs
11+ consultations			\$17	\$500 3 yrs & over
				Combined with Osteopathy Maximum includes x-rays
<b>Clinical Psychology<sup>0</sup></b>		6 months		\$1,400
Individual assessment/psychology testing	1 p.p. per yr		\$130	
Individual consultation			\$70	
Family psychotherapy			\$35 to a maximum of \$70 per session	
Group psychotherapy			\$35	

<sup>0</sup> Please refer to page 19 for conditions.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Not covered	Not covered
\$200	One unit per 3 yrs	\$200	One unit per 3 yrs	Not covered	Not covered
\$180	One unit per 3 yrs	\$108	One unit per 3 yrs	Not covered	Not covered
				Only if selected	Only if selected
\$80	\$350 under 1 yr	\$64	\$350 under 1 yr	\$64	\$350 under 1 yr
\$24	\$400 1 yr up to 2 yrs	\$17	\$400 1 yr up to 2 yrs	\$17	\$400 1 yr up to 2 yrs
\$13	\$450 2 yrs up to 3 yrs	\$10	\$450 2 yrs up to 3 yrs	\$10	\$450 2 yrs up to 3 yrs
\$13	\$500 3 yrs & over	\$10	\$500 3 yrs & over	\$10	\$500 3 yrs & over
	Combined with Osteopathy Maximum includes x-rays		Maximum includes x-rays		Maximum includes x-rays
	\$1,000		\$720	Not covered	Not covered
\$100		\$79			
\$55		\$44			
\$30 to a maximum of \$60 per session		\$22 to a maximum of \$44 per session			
\$30		\$22			

Essentials cover summary – continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Complementary Therapies</b> (Naturopathy, Homeopathy, Acupuncture and Traditional Chinese Medicine from HBF approved providers)		2 months		
1–6 individual consultations			\$28	\$350 under 1 yr
7–10 individual consultations			\$28	\$400 1 yr up to 2 yrs
11+ individual consultations			\$17	\$450 2 yrs up to 3 yrs \$500 3 yrs & over
<b>Dental</b>		2 months		
Visit a participating dental provider and receive a 60%, 70% or 80% benefit and one fully covered scale and clean each calendar year, otherwise you'll receive the set benefit as listed below.				
<b>General dental</b>				
Consultation/examinations			\$28–\$58	No limit
Scale and clean (1st visit)			\$48	No limit
Mouthguard*			\$50	No limit
Extractions			\$57–\$165	No limit
Fillings — Direct			From \$54	No limit
<b>Major Dental<sup>∞</sup></b>				
Veneer — Indirect			\$304	2 bondings <sup>†</sup>
— Direct			\$92	2 bondings <sup>†</sup>
Tooth Coloured Fillings — Indirect			From \$253	3 services <sup>†</sup>
Crowns			\$165–\$680	(3 units of crowns/ bridges per yr <sup>§†</sup> )
Bridges			\$74–\$540	
Full dentures		Up to \$950	\$800 under 3 yrs \$1,320 3 yrs up to 5 yrs \$2,200 5 yrs up to 10 yrs \$3,080 10 yrs & over	

p.p. = per person. \*A standard mouthguard provided by a dentist. <sup>∞</sup> Maximums are based on length of cover for this service. <sup>†</sup> Sub limits included in overall maximums. <sup>§</sup> Crowns associated with implants limited to 2 per 2 years.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
		Not covered	Not covered	Not covered	Not covered
\$24	\$350 under 1 yr				
\$13	\$400 1 yr up to 2 yrs				
\$13	\$450 2 yrs up to 3 yrs				
	\$500 3 yrs & over				
\$24-\$52	No limit	\$21-\$45	No limit	\$21-\$45	No limit
\$42	No limit	\$36	No limit	\$36	No limit
\$44	No limit	\$44	No limit	\$44	No limit
\$50-\$132	No limit	\$41-\$99	No limit	\$41-\$99	No limit
From \$45	No limit	From \$39	No limit	From \$39	No limit
				Only if selected	Only if selected
\$256	2 bondings <sup>†</sup>	\$208	2 bondings <sup>†</sup>	\$208	2 bondings <sup>†</sup>
\$69	2 bondings <sup>†</sup>	\$64	2 bondings <sup>†</sup>	\$64	2 bondings <sup>†</sup>
From \$202	3 services <sup>†</sup>	From \$150	3 services <sup>†</sup>	From \$150	3 services <sup>†</sup>
\$132-\$481	(3 units of crowns/bridges per yr <sup>§†</sup> )	\$100-\$408	(3 units of crowns/bridges per yr <sup>§†</sup> )	\$100-\$408	(3 units of crowns/bridges per yr <sup>§†</sup> )
\$63-\$404		\$45-\$324		\$45-\$324	
Up to \$620	\$600 under 3 yrs	Up to \$490	\$500 under 3 yrs	Up to \$490	\$500 under 3 yrs
	\$1,100 3 yrs up to 5 yrs		\$880 3 yrs up to 5 yrs		\$770 3 yrs up to 5 yrs
	\$1,760 5 yrs up to 10 yrs		\$1,760 5 yrs up to 10 yrs		\$990 5 yrs up to 10 yrs
	\$2,200 10 yrs & over		\$2,035 10 yrs & over		\$1,210 10 yrs & over

Note: A single tooth can have more than one service. Dental benefits may be 60%, 70% or 80% of the fee when you visit an HBF Participating Dental Provider, depending on your level of cover (refer to page 19 for more information).

Essentials cover summary — continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Dental implants and orthodontics</b> ∞ (\$ limit combined for orthodontics & implants)		12 months		\$800 under 3 yrs \$1,200 3 yrs up to 5 yrs \$2,000 5 yrs up to 10 yrs \$2,800 10 yrs & over 2 complete implants† p.p. per 2 yrs
Orthodontics (full banding two arches)			\$800–\$2,800	
Implants			\$91–\$930	
<b>Dietetics</b>		2 months		
Initial individual consultation	1 p.p. per yr		\$54	\$400
Subsequent individual consultation			\$27	
Group consultation		\$11		
<b>First Aid Courses &amp; Kits</b>		6 months		
First Aid Course			\$70 per course	Single — 1 per 3 yrs Family — 2 per 3 yrs
First Aid Kit				
Single Membership (up to a maximum per kit)			\$50	Single — 1 per 3 yrs
Family Membership (up to a maximum per kit)			\$100	Family — 1 per 3 yrs
<b>Foot Orthoses**</b>		12 months		
Foot Orthoses (including casting)			up to \$240	\$240 per yr
Diagnostic testing and biomechanical evaluation			up to \$60	\$60 per yr

p.p. = per person. ∞Maximums are based on length of cover for this service. † Sub limits included in overall limits. \*\* Please refer to page 20 for further details.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
\$600-\$2,000	\$600 under 3 yrs \$1,000 3 yrs up to 5 yrs \$1,600 5 yrs up to 10 yrs \$2,000 10 yrs & over 2 complete implants† p.p. per 2 yrs	\$500-\$1,850	\$500 under 3 yrs \$800 3 yrs up to 5 yrs \$1,600 5 yrs up to 10 yrs \$1,850 10 yrs & over 2 complete implants† p.p. per 2 yrs	Not covered	Not covered
\$73-\$687		\$55-\$516			
				Not covered	Not covered
\$40	\$300	\$33	\$240		
\$20		\$17			
\$11		\$8			
		Not covered	Not covered	Not covered	Not covered
\$70 per course	Single — 1 per 3 yrs Family — 2 per 3 yrs				
\$50	Single — 1 per 3 yrs				
\$100	Family — 1 per 3 yrs				
				Only if selected	Only if selected
up to \$240	\$240 per yr	up to \$240	\$240 per yr	up to \$240	\$240 per 3 yrs
up to \$60	\$60 per yr	up to \$60	\$60 per yr	up to \$60	\$60 per 3 yrs

Essentials cover summary – continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Hearing Aid</b>		36 months	\$750 3 yrs up to 5 yrs \$800 5 yrs up to 10 yrs \$950 10 yrs & over	One p.p. per 3 yrs under 15 yrs. One p.p per 2 yrs over 15 yrs.
<b>Occupational Therapy</b>		2 months		Maximums for occupational therapy, orthoptics & speech therapy combined: \$1,000 under 3 yrs \$1,400 3 yrs & over
Initial individual consultation	1 p.p. per yr		\$56	
Other individual consultation (less than 30mins)			\$33	
Other individual consultation (more than 30mins)			\$52	
Group consultation			\$12	
<b>Optical Glasses</b>		2 months		
Fully covered frames - A minimum 30% of all frames at a participating optical store are fully covered. <sup>o</sup>				
Partially covered frames - Choose a frame that is not fully covered and receive a minimum 20% discount from the participating optical store plus your benefit from HBF as listed below. <sup>†</sup>				
Frames & single vision lenses			\$130	1 pair of glasses \$66 sub limit for frames when purchased without lenses.
Frames & bi-focal lenses			\$160	
Frames & trifocal /progressive lenses			\$250	
Lenses only - Use your frame and lens benefit on lenses only if you don't need to purchase new frames.				
<b>Optical Contact Lenses</b>		12 months		1 pair of contacts or up to \$200 for frequent replacement/ disposable lenses per yr
Spherical rigid or soft contact lenses			\$212	
Toric – rigid or soft lenses			\$288	
Frequent replacement disposable contact lenses			Up to a max \$200	
Bi-focal progressive lenses			\$301	

p.p. = per person. <sup>o</sup> Will be fully covered when the glasses are purchased from any HBF Participating Optical store and the frames are fitted with hard coated or uncoated standard single vision, bi-focal or multi-focal/progressive lenses. <sup>†</sup>A minimum 20% discount also applies to all other non-standard lenses, plus any add-ons (refer to page 20 for more information).

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
\$550 3 yrs up to 5 yrs \$600 5 yrs up to 10 yrs \$700 10 yrs & over	One p.p. per 3 yrs under 15 yrs. One p.p per 2 yrs over 15 yrs.	\$550 3 yrs up to 5 yrs \$600 5 yrs up to 10 yrs \$650 10 yrs & over	One p.p. per 5 yrs under 15 yrs. One p.p per 3 yrs over 15 yrs.	Not covered	Not covered
				Not covered	Not covered
\$45	Maximums for occupational therapy, orthoptics & speech therapy combined: \$600 under 3 yrs \$900 3 yrs & over	\$36	Maximums for occupational therapy, orthoptics & speech therapy combined: \$500 under 3 yrs \$800 3 yrs & over		
\$25		\$20			
\$40		\$32			
\$10		\$8			
				Only if selected	Only if selected
\$120	1 pair of glasses \$66 sub limit for frames when purchased without lenses.	\$90	1 pair \$66 sub limit for frames when purchased without lenses.	\$90	1 pair of glasses \$66 sub limit for frames when purchased without lenses.
\$150		\$120		\$120	
\$210		\$160		\$160	
\$160	1 pair of contacts <b>or</b> up to \$160 for frequent replacement/ disposable lenses per yr	\$127	1 pair of contacts <b>or</b> up to \$140 for frequent replacement/ disposable lenses per yr	Only if selected \$127	Only if selected 1 pair of contacts <b>or</b> up to \$140 for frequent replacement/ disposable lenses per yr
\$200		\$178		\$178	
Up to a max \$160		Up to a max \$140		Up to a max \$140	
\$276		\$204		\$204	

Note: Not all lens prescriptions and supplementary services may be eligible to be charged at no cost.

Essentials cover summary – continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Orthoptics</b> (eye therapy)		2 months		
Individual consultations – up to 30 mins			\$24	Max 2 services per yr Max 1 service per yr Maximums for occupational therapy, orthoptics & speech therapy combined: \$1,000 under 3 yrs \$1,400 3 yrs & over
Individual consultations – over 30 mins			\$49	
Visual field test			\$36	
Colour vision test			\$36	
<b>Osteopathy</b>		2 months		
1–6 individual consultations			\$28	\$350 under 1 yr
7–10 individual consultations			\$28	\$400 1 yr up to 2 yrs \$450 2 yrs up to 3 yrs
11+ individual consultations			\$17	\$500 3 yrs & over Combined with chiropractic
<b>Pharmacy</b>		2-12 months		
For pharmaceuticals listed on the HBF benefit schedule			Cost of medicine less member co-payment^	\$300 under 3 yrs \$500 3 yrs & over

^ Benefit only paid up to HBF benefit schedule.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
				Not covered	Not covered
\$23	Max 2 services per yr Max 1 service per yr Maximums for occupational therapy, orthoptics & speech therapy combined: \$600 under 3 yrs \$900 3 yrs & over	\$22	Max 2 services per yr Max 1 service per yr Maximums for occupational therapy, orthoptics & speech therapy combined: \$500 under 3 yrs \$800 3 yrs & over		
\$45		\$42			
\$36		\$35			
\$36		\$35			
		Not covered	Not covered	Not covered	Not covered
\$24	\$350 under 1 yr \$400 1 yr up to 2 yrs \$450 2 yrs up to 3 yrs \$500 3 yrs & over Combined with chiropractic				
\$13					
\$13					
Cost of medicine less member co-payment^	\$200 under 3 yrs \$300 3 yrs & over	Cost of medicine less member co-payment^	\$200 under 3 yrs \$300 3 yrs & over	Only if selected Cost of medicine less member co-payment^	Only if selected \$200 under 3 yrs \$300 3 yrs & over

## Essentials cover summary – continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Physiotherapy</b>		2 months		
1–6 individual consultations			\$39	\$1,000 under 1 yr
7–10 individual consultations			\$39	\$1,100 1 yr up to 2 yrs
11+ individual consultations			\$30	\$1,200 2 yrs up to 3 yrs
Group consultation			\$12	\$1,400 3 yrs & over
Individual consultation by a Specialised Physiotherapist for continence and women's health*			\$64	3 consultations^
<b>Podiatry</b>		2 months		10 consultations
Initial consultation (clinic based)	1 p.p. per yr		\$42	
Brief consultation (10 minutes – clinic based)			\$22	
Intermediate consultation (20 minutes – clinic based)			\$34	
Comprehensive consultation (30 minutes – clinic based)			\$39	
<b>Preventative Health<sup>†</sup></b>		12 months	\$50	Per single m/ship
			\$100	Per family m/ship

p.p. = per person. ^ Forms part of the the overall physiotherapy maximum. \* Benefits only payable for services provided by providers that are approved by HBF as a Specialised Physiotherapist. † For HBF-approved programs only, refer to page 20 for more information.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
				Only if selected	Only if selected
\$28	\$600 under 1 yr	\$21	\$500 under 1 yr	\$21	\$500 under 1 yr
\$28	\$700 1 yr up to 2 yrs	\$12	\$600 1 yr up to 2 yrs	\$12	\$600 1 yr up to 2 yrs
\$15	\$800 2 yrs up to 3 yrs	\$12	\$700 2 yrs up to 3 yrs	\$12	\$700 2 yrs up to 3 yrs
\$12	\$900 3 yrs & over	\$8	\$800 3 yrs & over	\$8	\$800 3 yrs & over
\$56	3 consultations^	\$48	3 consultations^	\$48	3 consultations^
	10 consultations		10 consultations	Only if selected	Only if selected
\$32		\$26		\$26	10 consultations
\$17		\$14		\$14	
\$24		\$20		\$20	
\$28		\$24		\$24	
\$25	Per single m/ship	Not covered	Not covered	Not covered	Not covered
\$50	Per family m/ship				

## Essentials cover summary – continued

Services		Waiting periods	PremiumEssentials	
			Benefits up to	Maximums p.p. per calendar year
<b>Speech Therapy</b>		2 months		Maximums for occupational therapy, orthoptics & speech therapy combined: \$1,000 under 3 yrs \$1,400 3 yrs & over
Initial individual consultation	1 p.p. per yr			
– Short			\$97	
– Long			\$122	
Subsequent individual consultation				
– Up to 30 minutes			\$36	
– 30 to 60 minutes			\$52	
– Over 60 minutes		\$72		
Group consultations		\$12		
<b>Urgent Ambulance*</b>		7 days	Cover for urgent ambulance transport.	No limit

p.p. = per person. \*Urgent ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention. See page 20 for details.

ExtraEssentials		EssentialsStandard		EssentialsSaver	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
				Not covered	Not covered
\$75	Maximums for occupational therapy, orthoptics & speech therapy combined: \$600 under 3 yrs \$900 3 yrs & over	\$59	Maximums for occupational therapy, orthoptics & speech therapy combined: \$500 under 3 yrs \$800 3 yrs & over		
\$100		\$74			
\$30		\$22			
\$40		\$32			
\$50		\$44			
\$10		\$8			
Cover for urgent ambulance transport.	No limit	Cover for urgent ambulance transport.	No limit	Cover for urgent ambulance transport.	No limit

## ADDITIONAL ESSENTIALS INFORMATION

### Clinical Psychology

You will be entitled to benefits for clinical psychology where the provider is registered with the relevant national board, with an endorsement of Clinical Psychology and approved by HBF.

### Complementary Therapies

If you have ExtraEssentials or PremiumEssentials cover, you will be entitled to a benefit for a consultation for the following Complementary Therapies: Acupuncture, Traditional Chinese Medicine, Homeopathy and Naturopathy. This is paid when the service is rendered by a provider who is approved by HBF. Multiple services provided during a consult will be paid a single benefit. HBF does not pay a benefit for massage or medications/herbs.

### Dental

You will be entitled to a benefit for medically necessary dental services provided by an HBF approved Dentist. Benefits are also paid for medically necessary services provided by an HBF approved Dental Prosthetist.

### HBF Participating Dental Providers

By attending an HBF approved dentist who is also an HBF Participating Dental Provider, you can receive even more benefits. Depending on the level of Essentials cover you choose, this can be 60%, 70% or 80% of the fee charged. You can also receive a fully covered scale and clean per person per calendar year.

To find out if your dental provider is an HBF Participating Provider, please visit [hbf.com.au](http://hbf.com.au) or phone 133 423.

Essentials Product	Member Benefit
PremiumEssentials	80% of fee
ExtraEssentials	70% of fee
EssentialsStandard EssentialsSaver	60% of fee

### General Dental

General dental includes the following routine dental care: regular check-ups, consultations, extractions, simple fillings, x-rays and mouthguards.

Benefits are only paid for medically necessary bleaching and procedures undertaken in the surgery. Benefits are not paid for any home bleaching treatments.

### Major Dental (not including orthodontics and implants)

This category includes more extensive treatments, such as dentures, crowns, bridges and other restorative services.

### Orthodontic benefits for full arch banding

Benefits for full arch banding are included in the dental implants and orthodontic maximum.

A benefit is not paid for full arch banding orthodontic treatment commenced during the waiting period. Orthodontic benefits for full arch banding are based on the patient's length of continuous Essentials membership with HBF (inclusive of cover for orthodontic treatment) at the time the appliances are fitted.

The benefit for full arch banding is for the full course of treatment and includes all associated treatment (eg. removable appliances) following the fitting of the appliances. It also includes some services carried out before the appliances are fitted, such as jaw size prediction analysis and intra-oral and extra-oral records.

The full benefit for full arch banding is usually paid when the first claim for the course of treatment is made and additional benefits are not paid from any subsequent years' dental implants and orthodontic entitlement.

If the full benefit is not paid due to the maximum entitlement being reached (as a result of the benefits being paid for other treatments) the balance is payable in the subsequent year providing the course of treatment is ongoing.

### **Dental benefit restrictions**

The benefit on some dental items may be restricted if performed in conjunction with other specific dental services, or if a service is received more than once in a specified period of time.

### **First Aid Courses and Kits**

If you have ExtraEssentials or PremiumEssentials cover, you will be entitled to a benefit towards the cost of First Aid courses and kits.

### **Foot Orthoses**

HBF will pay a benefit for the supply of foot orthoses provided they are medically necessary and custom-made from one of the following providers: Podiatrist, Orthotist, Pedorthist or Surgical Bootmaker approved by HBF.

### **HBF Participating Optical stores**

For more value when choosing frames, visit an HBF Participating Optical store and a minimum of 30% of the range will be fully covered.

The fully covered range covers all lens types including single vision, bifocal, multi focal and progressive lenses.

If you choose a frame that is not fully covered (i.e. designer frames) you will receive a minimum 20% discount on most frames, lenses and extras, such as tinting from the participating optical store plus your benefit from HBF. To find your nearest participating optical store visit [hbf.com.au](http://hbf.com.au). When purchasing your glasses or contact lenses your HBF benefit is used in the calendar year when you order them not when collected.

### **Pharmaceutical**

HBF pays a benefit through most Western Australian pharmacies for therapeutic prescriptions (including repeats) for any medicine or drug listed on the current HBF Pharmacy Schedule. Benefits are not payable on Government PBS items.

All items must be prescribed by a Medical Practitioner and some drugs require a prescription from a specialist Medical Practitioner before a benefit can be paid. Please speak to an HBF Member Service Advisor for more details.

You normally pay no more than the co-payment specified under the National Health Act per item. HBF generally pays the balance of the cost, but for some items an additional member out of pocket applies. You will need to show the pharmacist your HBF member card to receive the benefit.

### **Podiatry Surgery**

When podiatry surgery is medically necessary, you may be entitled to a benefit for fees charged by a podiatrist approved by HBF. Since Medicare does not pay a benefit for anaesthetic services for podiatry surgery, we are unable to pay the normal 25% of the Medicare Benefit Schedule (MBS). However, HBF will pay a benefit of \$50 and this will apply even if the anaesthetist is an HBF fully covered doctor. If multiple podiatry procedures are required on the same occasion benefits are reduced for the second and subsequent procedures. Please note that hospital accommodation and theatre fees are not covered under Essentials cover.

### **Preventative Health**

If you have ExtraEssentials or PremiumEssentials cover, you will be entitled to a benefit towards approved preventative health programs. These include specified health checks, weight management programs, quit smoking programs and health education programs. Benefits are only payable for services provided by HBF approved providers.

### **Urgent Ambulance**

HBF provides all Health members with unlimited cover for urgent ambulance transport.

Urgent ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention. HBF does not pay any benefit for air ambulance services.

Please note: Aged Pensioners may be eligible for the WA State Government and St John's Ambulance provision of free ambulance services.

## HBF GAPSAVER

GapSaver can be added to your Essentials cover. It is a way to put aside a little money now so you minimise how often you need to think about things like out-of-pocket costs for Essentials and Wellness services.

A small annual premium provides a benefit that accumulates year after year. The benefit can be used to pay out-of-pocket costs for both in and out of hospital Essentials services and Wellness services.

GapSaver can also be used for Hospital out-of-pocket costs. If you have hospital cover please see the Hospital policy details brochure for more information.

There are two options providing different annual benefits.

GapSaver benefit options per membership per year:

Single policy (yearly accrual)	Family policy (yearly accrual)
\$ 100	\$ 200
\$ 200	\$ 400

GapSaver benefits are accrued to your membership quarterly, with the balance accumulating year after year until you claim it. Normal Essentials and Wellness waiting periods apply.

It's important to note that if you cancel your

GapSaver cover, any accrued benefit will be available for as long as you remain an HBF member, otherwise the benefit is not available or refundable. GapSaver cannot be used towards costs incurred after maximum entitlements have been reached or for services not covered on your policy.

### Receive GapSaver benefits automatically when you claim

You can opt-in to receive GapSaver benefits automatically. This means, your GapSaver accrual would be automatically paid towards any out-of-pocket costs. You can continue to claim GapSaver manually if you would prefer this option. This simply means when you claim at a Service Centre or send in a claim form, all you need to do is let us know by completing the relevant section on the claim form.

### Opt-in now to automatically claim GapSaver

If you want to opt-in to allow your GapSaver benefits to be paid towards any out-of-pocket costs for Essentials or Wellness services all you need to do is:

- Login to My HBF at [hbf.com.au](http://hbf.com.au) and click on Manage My Policy; or
- Call 133 423; or
- Visit your nearest Service Centre.

### Waiting periods

The same waiting periods apply for GapSaver benefits as for normal Essentials benefits. If you choose to upgrade your level of GapSaver cover (from \$100 accrual per year to \$200 accrual per year for a single policy), you need to serve the relevant waiting periods again before being able to access the increased accrual.

## WELLNESS

HBF Wellness cover can be added to your existing Essentials product. Wellness provides benefits for a wide range of lifestyle services including yoga and pilates programs, nicotine replacement therapy, remedial massage and more.

## WELLNESS INFORMATION

The health services covered by Wellness are detailed on the following tables.

Wellness benefits are paid based on two Groups.

From Group 1, you can continue to claim each service until you reach the individual benefit maximum for that service, in any calendar year. From Group 2, you can also choose to claim up to a maximum of \$300 on any of the benefits listed. Please note, however, that individual benefit maximums also apply for services included in this Group. All Wellness services have a two month waiting period before you can claim benefits. Benefits are only payable for services and programs provided by HBF approved providers.

## Wellness summary

Group 1:

### Individual Benefit Maximums

The health services outlined below have individual benefit maximums, so you can continue to claim each service until you reach the individual benefit maximum for that service in any calendar year.

		Benefits up to	Maximums p.p per calendar year
<b>Psychology</b>	Psychologists specialised in approved disciplines, such as Clinical, Counselling, Educational & Development Psychology.	\$44 (initial & standard) \$22 (group)	<b>\$450</b>
<b>Exercise Physiology</b>	Exercise Physiologists are providers of exercise interventions for physical rehabilitation; as a strategy for disease prevention; or for establishing & sustaining functional independence.	\$21 (1-6 consultations) \$12 (7+ consultations) \$10 (group)	<b>\$300</b>
<b>Remedial Massage / Myotherapy</b>	Remedial massage treatment assists in healing parts of the body that have been injured or left inactive due to age, illness or injury.	\$21 (1-6 consultations) \$12 (7+ consultations)	<b>\$200</b>
<b>Nutritionist</b>	Nutritionists provide advice about food choices for a healthy diet using their extensive knowledge of the nutritional value of foods.	\$33 (initial) \$17 (subsequent)	<b>\$200</b>
<b>Travel Vaccinations</b>	Travel vaccinations protect people against disease when travelling. Benefit is payable for typhoid, yellow fever, dengue fever, cholera, meningococcal, small pox, poliomyelitis, hepatitis A and B.	As per the charge on your receipt, up to benefit maximum.	<b>\$100</b>
<b>Nicotine Replacement Therapy</b>	Nicotine Replacement Therapy (NRT) prevents illness by helping members to quit smoking. NRT includes patches, lozenges, gum & Nicotine Inhalers.	As per the charge on your receipt, up to benefit maximum.	<b>\$100</b>
<b>Pilates Program*</b>	Pilates is an exercise style that involves training your muscles to improve posture and alignment.	\$75 per program	<b>\$150</b>

\*A program is a minimum of eight sessions within a three month period.

Group 2:

**\$300 Group Benefit Maximum with Individual Benefit Maximums**

The health services outlined below have a group benefit maximum of \$300. That means you can claim up to a total of \$300 across all of these services, in any calendar year but individual benefit maximums also apply.

		Benefits up to	Maximums p.p per calendar year	Group maximum p.p per calendar year
<b>Reflexology</b>	Reflexology is a science based on the principle that reflex areas in the feet, hands and ears relate to the internal organs and other structures of the body.	\$21 per consultation	\$150	<b>\$300</b>
<b>Herbalist Consultation</b>	Herbalists prescribe and prepare natural remedies specific to their client's health profiles using plants and plant parts. Providers of Herbalist consultations may provide Western herbal medicine consultations or Chinese herbal medicine consultations. Herbs not included.	\$25 per consultation	\$100	
<b>Yoga Program*</b>	Yoga is a system of exercises that help your control of the body and mind. It also improves your breathing and focuses the alignment of your body.	\$75 per program	\$75	
<b>Health Monitoring Equipment</b>	Equipment to monitor health to identify potential illness before it occurs and assist in early preventative strategies being put in place. Inclusions: Bathroom / Body Weight Scales, Cholesterol Monitoring Kit, Blood Pressure Monitor, Pedometers, Heart Monitoring Equipment, Thermometers.	As per the charge on your receipt, up to benefit maximum.	\$75	
<b>Preventative Equipment</b>	Preventative equipment prevents injury from occurring when exercising or doing activities designed to improve health. Inclusions: Joint & Back Supports, Braces, Pressure Garments, Aids to Recovery Equipment.	As per the charge on your receipt, up to benefit maximum.	\$75	

\*A program is a minimum of eight sessions within a three month period.

## YOUR QUESTIONS ANSWERED

Understanding Essentials cover can be difficult so below are the answers to some of the most common questions asked by our members. If you have any other queries, please call one of our Member Service Advisors on 133 423.

### **Why isn't there a no-claim bonus?**

The simple answer is, we are legally not allowed to offer one. Under the provisions of the Private Health Insurance Act 2007, health insurers are prohibited from charging a lesser premium based on a person's state of health or history of claiming. This is called 'community rating'. This system aims to ensure that groups with a higher level of claims are not disadvantaged.

### **Why doesn't HBF pay 100% of health costs?**

If we were to pay 100% of all services, health insurance premiums would increase dramatically. For example, if we were to refund 100% of all dental fees, the approximate cost to HBF would be an additional \$105 million per year. We set our benefits by equitably distributing funds amongst our members. Our objective is to return the highest possible benefit to our members on each item, taking into account the various levels of cover.

### **Up to what age are my children covered?**

Children are covered on their parent's policy up until the end of the year they turn 18, unless they are married or living in a de-facto relationship. Children under 25 who are not married or living in a de-facto relationship and not earning more than \$20,500 p.a taxable income or who are full-time students are also eligible to remain on their parent's policy.

### **Need cover outside Australia?**

We are not legally permitted to pay benefits for treatment or services that are provided outside Australia, including general treatment such as dental and glasses and any hospital or medical treatment. You may want to consider taking out travel insurance that covers benefits for emergency treatment received overseas.

If you are away for longer than two months you can suspend your Health membership. For more details, please contact a Member Service Advisor on 133 423.

### **Need cover when you are interstate?**

Just because you are out of Western Australia does not mean you have to forego your HBF health cover. As an HBF member, you are covered anywhere in Australia provided you keep your premiums up to date. You can do this by arranging direct debit from your bank, building society, credit union or credit card account. You can also pay online at [hbf.com.au](http://hbf.com.au), by phone or mail.

### **Moving interstate permanently?**

If you move interstate permanently, HBF is happy to continue to cover you and your family.

Although HBF is a Western Australian based organisation, benefits for standard treatments are suitable for other states. However, special arrangements are made with Western Australian providers only. As different states have varying medical costs, premiums are a reflection of the state you reside in. If you have any questions relating to moving interstate, please contact one of our Member Service Advisors on 133 423.

### **Where can I get HBF Fund Rules?**

Detailed terms and conditions are contained in the HBF Fund Rules. To obtain the HBF Fund Rules visit [hbf.com.au](http://hbf.com.au) or contact one of our Member Service Advisors on 133 423.

### **Are there any exclusions on benefits?**

There are a few circumstances under which HBF will not pay a benefit:

- If your membership is unfinancial at the time of treatment or service.
- On claims covered by Worker's Compensation, Third Party or other legal right.
- For treatment or services required by your employer or potential employer to be provided to you as a condition of your employment or by your insurer as a condition of your policy.
- For treatment or services provided outside of Australia.
- For care and accommodation in nursing homes.
- Before a treatment or service has been received.
- If a claim is not lodged within two years of the date of service.
- On internet purchases such as pharmaceuticals or contact lenses, unless from an HBF approved provider that operates in Australia.
- For Essentials services where Medicare would pay a benefit.

## LET US HELP YOU

Please call us on 133 423 if you are having difficulty reading or understanding this document.

## COOLING OFF PERIOD

Members that take out any HBF Health policy have a 30 day cooling off period from the commencement date of the policy, in which time they may cancel their policy and receive a full refund of any premiums paid, provided that they have not made a claim against the policy.

## COMPLAINTS

At HBF, we are continually looking for ways to serve you better. This is evidenced by the Private Health Insurance Code of Conduct, which is designed to help our members by providing clear information and transparency in our dealings with you. The Code is designed to help solve problems between members and HBF. We have also established a complaints handling process for members who may have a dispute with HBF. You can access HBF's complaint handling process via any of our Service Centres or by contacting an HBF Member Service Advisor on 133 423.

If you are not satisfied with the outcome of your concern, you can ask to have it reviewed by our Internal Dispute Resolution (IDR) process.

Complaints should be addressed to:

Manager - Disputes Resolution

HBF

GPO Box C101

Perth WA 6809

If a resolution is still not reached to your satisfaction, you can contact the Private Health Insurance Ombudsman by ringing toll free on 1800 640 695, or write to Suite 2, Level 22, 580 George St, Sydney NSW 2000 or forward your complaint to a health care complaints commission or fair trading body in your state of residence.



## STATE OF THE HEALTH FUNDS REPORT

Every year the Private Health Insurance Ombudsman publishes a State of the Health Funds report to assist consumers in assessing the comparative performance and service delivery of Australia's private health insurance providers. A copy of the report can be downloaded from [www.phio.org.au](http://www.phio.org.au).

## PRIVACY

### **Ensuring your Privacy**

At HBF, we respect the privacy of your personal information. We process personal details on a daily basis and are committed to ensuring that the privacy and security of personal information remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988.

A privacy statement about personal information collected by HBF is contained in "Your Rights and Obligations" brochure which is provided to you when you take out cover or is available on request.

Further details on the way we handle personal information are in our Privacy Policy, which is available at [hbf.com.au](http://hbf.com.au) or on request by calling an HBF Member Service Advisor on 133 423.

## STANDARD INFORMATION STATEMENTS

A Standard Information Statement is a brief summary of the key features of your health insurance product. It contains information in a standard format set out by the Federal Government. HBF will provide a Standard Information Statement for each policy annually, on request and in any other circumstances required by legislation.

**Telephone Enquiries 133 423**

Mon to Fri: 8am to 6pm  
Saturday: 9am to 12pm

hbf.com.au

**Head Office**

125 Murray Street Perth  
GPO Box C101 Perth 6809

**HBF Service Centre Hours**

Mon to Fri: 9am to 5pm  
\*Saturday: 9am to 12.30pm

**Metropolitan Service Centres****Perth**

96 William Street

**Belmont**

Belmont Forum Shopping Centre

**Booragoon**

Garden City Shopping Centre\*

**Cannington**

Carousel Shopping Centre\*

**Fremantle**

82 High Street

**Hillarys**

Whitford City Shopping Centre

**Innaloo**

Innaloo Shopping Centre

**Joondalup**

115 Grand Boulevard

**Karrinyup**

Karrinyup Shopping Centre\*

**Mandurah**

32 Pinjarra Road

**Midland**

18/53 The Crescent

**Morley**

Galleria Shopping Centre\*

**Rockingham**

Rockingham Shopping Centre

**Subiaco**

513 Hay Street

**Success**

Cockburn Gateway  
Shopping Centre

**Regional Service Centres****Albany**

21 Albany Highway  
Telephone 9845 7000

**Bunbury**

12 Arthur Street  
Telephone 9722 6300

**Busselton**

2/90-92 Queen Street  
Telephone 9781 1800

**Geraldton**

Northgate Shopping Centre  
Telephone 9920 8200