hbf
every body benefits

Essentials

We've covered all the important details about your Essentials policy.

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Thank you for choosing HBF to look after the one thing important to us all – our health.

What is HBF Essentials cover?

Essentials cover provides benefits for a wide range of day-to-day health treatments such as dental, optical, physio and chiro.

We call them Essentials because they cover the important services that can make a big difference to your wellbeing.

Why you should read this brochure

It is important to fully understand the details of your health cover. This brochure contains a detailed explanation of our four levels of Essentials cover:

- **Premium Essentials**
- **Extra Essentials**
- **Essentials Standard**
- **Essentials Saver**

We recommend you read it carefully and keep it handy for future reference.

HBF Essentials benefits checklist

	Waiting periods	Essentials Saver	Essentials Standard	Extra Essentials	Premium Essentials
Appliances	1-2 years	×	✓	✓	✓
Chiropractic	2 months	If selected[4]	✓	✓	✓
Clinical psychology	6 months	×	✓	✓	✓
Complementary therapies	2 months	×	×	✓	✓
Dental – general	2 months	✓	✓	✓	✓
Dental – major	12 months	If selected	✓	✓	✓
Dental – implants & orthodontics	12 months	×	✓	✓	✓
Dietetics	2 months	×	✓	✓	✓
Foot orthoses	12 months	If selected[2]	✓	✓	✓
Hearing aid	36 months	×	✓	✓	✓
Occupational therapy	2 months	×	✓	✓	✓
Optical	2 months	If selected[1]	✓	✓	✓
Orthoptics – eye therapy	2 months	×	✓	✓	✓
Osteopathy	2 months	If selected[4]	✓	✓	✓
Pharmaceutical	2 months	If selected	✓	✓	✓
Physiotherapy	2 months	If selected	✓	✓	✓
Podiatry – consults and surgery	2 months	If selected[2]	✓	✓	✓
Preventative health	2 months	×	×	✓	✓
Speech therapy	2 months	×	✓	✓	✓
Remedial massage/myotherapy	2 months	If selected	×	×	✓
Urgent ambulance[3]	7 days	✓	✓	✓	✓
Wellness	2 months	×	×	×	✓

We'll waive your two-month Essentials waiting periods.

[1]If optical is selected both contact lenses and glasses are covered. [2]If podiatry is selected consultations, foot orthoses and podiatry surgery are covered. [3]Urgent Ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention. [4]If chiropractic is selected, osteopathy is also included.

All about claiming

Before you claim

Waiting periods apply before you can receive benefits, including when you transfer to a product with higher benefits. In these circumstances the benefits are still payable at your previous level of cover, if you have served your waiting periods at that level. If you're switching to HBF from another health insurer you won't need to re-serve waiting periods that you have already completed with your previous insurer.

If you've already used some or all of your annual Essentials benefits with your former fund, we'll need to adjust the balance of your Essentials annual maximums to reflect this. If you're unsure of your remaining annual claiming maximum, please contact us before you use your Essentials cover.

Obtaining a health benefit quote

Before receiving any treatment, you should contact HBF with an itemised quote from your provider. We'll then give you a health benefit quote, so you'll know how much you are covered for, the benefits you'll receive and any out-of-pocket expenses. Please note that benefit quotes are valid for three months and are subject to change if treatment is not received or changes to treatment are made in that time.

Making your claim

Electronic claiming

You can claim on-the-spot for many Essentials treatments such as optical and dental. Simply present your HBF member card after your appointment before paying for your treatment. Your benefit will be automatically processed and deducted from the provider's total bill and you just pay the difference.

If you forget your card on the day of your appointment, you can present your card to the provider within seven days of the service.

Online claiming

Claiming online is simple. Just go to hbf.com.au/myhbf, register or log in and follow the prompts provided.

Manual claiming

You can claim at any HBF branch with your account and membership card. You can also download a claim form online at hbf.com.au or call us on 133 423 and we'll post some to you. If you have already paid your account, your payment can be reimbursed immediately with cash (limits apply), cheque or direct credit. Please note, cash reimbursements can only be claimed in person at an HBF branch. If your account hasn't been paid, your claim will paid to the provider.

Essentials benefits

Dental

You can claim benefits for medically necessary dental services provided by an HBF approved dentist or dental prosthetist.

HBF Member Plus dentists

We have agreements with dental providers aimed to keep your out-of-pocket expenses as low as possible – we call them HBF Member Plus dentists.

HBF members can choose from more Member Plus dental providers in WA than with any other health fund – there's bound to a be few near you. To find your nearest Member Plus dental provider, visit hbf.com.au/memberplus or get the HBF Health app from the App Store or Google Play.

Depending on your level of Essentials cover, you'll receive 60%, 70% or 80% back (up to your annual maximum for major dental) and a fully covered scale and clean each calendar year when you visit an HBF Member Plus dental provider.

Essentials cover	Benefit at Member Plus dentists
Premium Essentials	80% of the provider's agreed fee
Extra Essentials	70% of the provider's agreed fee
Essentials Standard Essentials Saver	60% of the provider's agreed fee

Of course, you can visit any HBF approved dentist you choose and still receive benefits.

If you visit a non-Member Plus dentist, you'll receive the dollar amount benefits detailed in the table on pages 12-13, rather than the percentage benefit.

Benefits may vary for dental treatment in different states.

What's the difference between general dental and major dental?

General dental includes routine dental care such as regular check-ups, consultations, extractions, simple fillings, xrays and mouthguards.

Major dental includes more extensive treatments such as dentures, root canal treatments, crowns and bridges.

Orthodontic benefits for banding

Benefits for banding are included in the dental implants and orthodontic maximum. A benefit is not paid for orthodontic treatment commenced during the waiting period. The benefit for banding is for the full course of treatment and includes all associated treatment such as 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.

Dental benefit restrictions

The benefit we pay 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.

Benefits are only paid for medically necessary bleaching and procedures undertaken in the surgery; we don't pay a benefit for home bleaching.

Optical

For more value when choosing your glasses, visit an HBF Member Plus optical store where you'll be able to choose from hundreds of frames that are fully covered (a minimum of 30% of the store's range), and receive at least 20% discount on most designer glasses outside the fully covered range, in addition to your HBF benefit. This includes frames, all lens types (such as single vision, bi-focal, multi-focal and progressive lenses) and extras like tinting.

To find your nearest Member Plus store, visit hbf.com.au/memberplus or get the HBF Health app from the App Store or Google Play.

Please note that when purchasing glasses or contacts, your HBF benefit applies to the calendar year when you order them, not when you collect them. For example, if you order your glasses in December 2013 but don't receive them until January 2014, your benefit will be calculated from your 2013 annual maximum so you'll be able to claim again for glasses in 2014.

Pharmacy

The government subsidises the cost of some pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS). You can claim benefits for prescriptions and repeats for non-PBS medications listed on the HBF Pharmacy Benefit Schedule, but you may need to pay a co-payment equivalent to that specified by the National Health Act.

Podiatry surgery

You can receive benefits for podiatry surgery listed on our Podiatry Surgery Schedule. If multiple podiatry procedures are required on the same occasion, benefits are reduced for the subsequent procedures.

Urgent ambulance

All members with HBF Essentials have unlimited cover for urgent ambulance transport. Urgent ambulance transport covers all circumstances classified by St John Ambulance as requiring urgent attention. HBF does not pay any benefit for air ambulance services.

Annual maximums

As an HBF member, most Essentials entitlements and maximums are based on the length of your membership and the level of your 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 only paid for services and programs 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 first.

As an HBF member, I can choose a new pair of glasses each year from the fully covered range at Member Plus optical stores with no out-of-pocket expense.

Essentials cover summary

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Appliances									
Charges for most appliances must be at least $100	1–2yrs depending on appliance	Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Varies depending on appliance	Not covered	Not covered
Blood glucose monitor		$200	One appliance per 3yrs	$200	One appliance per 3yrs	$200	One appliance per 3yrs	Not covered	Not covered
Nebuliser		$180	One appliance per 3yrs	$180	One appliance per 3yrs	$108	One appliance per 3yrs	Not covered	Not covered
Chiropractic								Only if chiro/osteo is selected	
Chiropractic xray – 1 pp per calendar yr	2 months	$107	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs Maximum includes xray	$80	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs Maximum includes xray	$64	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs Maximum includes xray	$64	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs Maximum includes xray
Initial individual consultation – 1 pp per calendar yr		$36		$30		$22		$22	
Subsequent individual consultations		$28		$24		$17		$17	
Clinical psychology[1]									
Individual assessment – 1 pp per calendar yr	6 months	$130	$1400	$100	$1000	$79	$720	Not covered	Not covered
Individual treatment/ management		$70		$55		$44			
Couple or family treatment		$35 to a maximum of $70 per session		$30 to a maximum of $60 per session		$22 to a maximum of $44 per session			
Group treatment		$35		$30		$22			
Complementary therapies[2] Naturopathy, homeopathy, acupuncture and traditional Chinese medicine from HBF approved providers									
1–6 individual consultations	2 months	$28	$350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs	$24	$350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs	Not covered	Not covered	Not covered	Not covered
7–10 individual consultations		$28		$13					
11+ individual consultations		$17		$13					

[1] Provider must be registered with the relevant national board with an endorsement of clinical psychology, and approved by HBF.
[2] Multiple services provided during a consult will be paid a single benefit. HBF does not pay a benefit for massage or medications/herbs.
pp = per person

Essentials cover summary continued

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Dental Visit a Member Plus dental provider and receive a 60%, 70% or 80% benefit of the provider's agreed fee and one fully covered scale and clean each calendar year. Plus there's no gap to pay for kids on general dental services at Member Plus dental providers.									
General dental									
Consultation/examinations	2 months	$28–$58	No limit	$24–$52	No limit	$22–$45	No limit	$22–$45	No limit
Scale and clean – 1st visit		$60		$55		$49		$49	
Mouthguard[1]		$50		$44		$44		$44	
Extractions		$57–$165		$50–$132		$41–$99		$41–$99	
Fillings – direct		From $54		From $45		From $39		From $39	
Major dental								Only if major dental selected	
Veneer – indirect (2 bondings[2])	12 months	$304	$800 under 3yrs $1320 over 3 & up to 5yrs $2200 over 5 & up to 10yrs $3080 over 10 yrs	$256	$600 under 3yrs $1100 over 3 & up to 5yrs $1760 over 5 & up to 10yrs $2200 over 10 yrs	$208	$500 under 3yrs $880 over 3 & up to 5yrs $1760 over 5 & up to 10yrs $2035 over 10 yrs	$208	$500 under 3yrs $770 over 3 & up to 5yrs $990 over 5 & up to 10yrs $1210 over 10yrs
Veneer – direct (2 bondings[2])		$92		$69		$64		$64	
Tooth coloured filling – indirect (3 services[2])		From $253		From $202		From $150		From $150	
Crowns (3 units of crowns/bridges per yr[2,3])		$165–$680		$132–$481		$100–$408		$100–$408	
Bridges (3 units of crowns/bridges per yr[2,3])		Up to $540		Up to $404		Up to $324		Up to $324	
Full dentures		Up to $950		Up to $620		Up to $490		Up to $490	
Dental implants and orthodontics $ limit combined for orthodontics and implants									
Orthodontics	12 months	$800–$2800	$800 under 3yrs $1200 over 3 & up to 5yrs $2000 over 5 & up to 10yrs $2800 over 10yrs 2 complete implants[2] pp per 2yrs	$600–$2000	$600 under 3yrs $1000 over 3 & up to 5yrs $1600 over 5 & up to 10yrs $2000 over 10yrs 2 complete implants[2] pp per 2yrs	$500–$1850	$500 under 3yrs $800 over 3 & up to 5yrs $1600 over 5 & up to 10yrs $1850 over 10yrs 2 complete implants[2] pp per 2yrs	Not covered	Not covered
Implants		Up to $930		Up to $687		Up to $516		Not covered	Not covered

[1] A standard mouthguard provided by a dentist or prosthestist. [2] Sub-limits included in overall maximums.
[3] Crowns associated with implants limited to 2 per 2 years.

Essentials cover summary continued

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Dietetics									
Initial individual consultation	2 months	$54	$400	$40	$300	$33	$240	Not covered	Not covered
Subsequent individual consultations		$27		$20		$17			
Group consultations		$11		$11		$8			
Foot orthoses[1]								Only if podiatry selected	
Foot orthoses – including casting	12 months	Up to $240	$240 per yr	Up to $240	$240 per yr	Up to $240	$240 per yr	Up to $240	$240 per 3yrs
Diagnostic testing and biomechanical evaluation		Up to $60	$60 per yr	Up to $60	$60 per yr	Up to $60	$60 per yr	Up to $60	$60 per 3yrs
Hearing aid									
Hearing aid	36 months	$750 over 3 & up to 5yrs $800 over 5 & up to 10yrs $950 over 10yrs	One pp per 3yrs under 15yrs One pp per 2yrs over 15yrs	$550 over 3 & up to 5yrs $600 over 5 & up to 10yrs $700 over 10yrs	One pp per 3yrs under 15yrs One pp per 2yrs over 15yrs	$550 over 3 & up to 5yrs $600 over 5 & up to 10yrs $650 over 10yrs	One pp per 5yrs under 15yrs One pp per 3yrs over 15yrs	Not covered	Not covered
Occupational therapy									
Initial individual consultation	2 months	$56	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $1000 under 3yrs $1400 over 3yrs	$45	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $600 under 3yrs $900 over 3yrs	$36	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $500 under 3yrs $800 over 3yrs	Not covered	Not covered
Other individual consultations – less than 30 mins		$33		$25		$20			
Other individual consultations – more than 30 mins		$52		$40		$32			
Group consultations		$12		$10		$8			
Optical glasses[2] Lenses only – use your frame and lens benefit on lenses only if you don't need to purchase new frames.								Only if optical selected	
Frames & single vision lenses	2 months	$130	1 pair of glasses $66 sub-limit for frames when purchased without lenses	$120	1 pair of glasses $66 sub-limit for frames when purchased without lenses	$90	1 pair of glasses $66 sub-limit for frames when purchased without lenses	$90	1 pair of glasses $66 sub-limit for frames when purchased without lenses
Frames & bi-focal lenses		$160		$150		$120		$120	
Frames & tri-focal/ progressive lenses		$250		$210		$160		$160	

[1] Foot orthoses must be medically necessary and custom-made from one of the following providers approved by HBF: podiatrist, orthotist, pedorthist or surgical bootmaker. [2] A minimum of 30% of all frames will be fully covered when the glasses are purchased from any HBF Member Plus optical store and the frames are fitted with hard coated or uncoated standard single vision, bi-focal or multi-focal/progressive lenses. For partially covered glasses purchased at an HBF Member Plus optical store (including add-ons) a minimum 20% discount applies. Refer to page 8 for more information.

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

Essentials cover summary continued

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Optical contact lenses								Only if optical selected	
Spherical rigid or soft contact lenses	2 months	$212	1 pair of contacts or up to $200 for frequent replacement/ disposable lenses per yr	$160	1 pair of contacts or up to $160 for frequent replacement/ disposable lenses per yr	$127	1 pair of contacts or up to $140 for frequent replacement/ disposable lenses per yr	$127	1 pair of contacts or up to $140 for frequent replacement/ disposable lenses per yr
Toric – rigid or soft lenses		$288		$200		$178		$178	
Frequent replacement disposable contact lenses		Up to a max $200		Up to a max $160		Up to a max $140		Up to a max $140	
Bi-focal progressive lenses		$301		$276		$204		$204	
Orthoptics (eye therapy)									
Individual consultations – up to 30 mins	2 months	$24	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $1000 under 3yrs $1400 over 3yrs	$23	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $600 under 3yrs $900 over 3yrs	$22	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $500 under 3yrs $800 over 3yrs	Not covered	Not covered
Individual consultations – over 30 mins		$49		$45		$42			
Visual field test – 2 pp per calendar yr		$36		$36		$35			
Colour vision test – 1 pp per calendar yr		$36		$36		$35			
Osteopathy								Only if chiro/osteo selected	
Initial individual consultation – 1 pp per calendar yr	2 months	$36	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs	$30	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs	$22	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs	$22	Chiropractic and osteopathy maximums combined $350 under 1yr $400 over 1 & up to 2yrs $450 over 2 & up to 3yrs $500 over 3yrs
Subsequent individual consultations		$28		$24		$17		$17	
Pharmacy[1]								Only if pharmacy selected	
For pharmaceuticals listed on the HBF Pharmacy Benefit Schedule	2 months	Cost of medicine less member co-payment	$300 under 3yrs $500 over 3yrs	Cost of medicine less member co-payment	$200 under 3yrs $300 over 3yrs	Cost of medicine less member co-payment	$200 under 3yrs $300 over 3yrs	Cost of medicine less member co-payment	$200 under 3yrs $300 over 3yrs

[1] This may vary depending on the medication.

Essentials cover summary continued

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Physiotherapy								Only if physiotherapy selected	
Initial individual consultation – 1 pp per calendar yr	2 months	$47	$1000 under 1yr $1100 over 1 & up to 2yrs $1200 over 2 & up to 3yrs $1400 over 3yrs	$35	$600 under 1yr $700 over 1 & up to 2yrs $800 over 2 & up to 3yrs $900 over 3yrs	$27	$500 under 1yr $600 over 1 & up to 2yrs $700 over 2 & up to 3yrs $800 over 3yrs	$27	$500 under 1yr $600 over 1 & up to 2yrs $700 over 2 & up to 3yrs $800 over 3yrs
Subsequent individual consultations		$39		$28		$21		$21	
Group consultations		$12		$12		$8		$8	
Individual consultations by a specialised physiotherapist for continence and women's health[1] – 3 pp per calendar yr[2]		$64		$56		$48		$48	
Individual consultations by a specialised physiotherapist for lymphoedema management[1] – 3 pp per calendar yr[2]		$64		$56		$48		$48	
Podiatry								Only if podiatry selected	
Initial consultation (clinic based)	2 months	$42	10 consultations	$32	10 consultations	$26	10 consultations	$26	10 consultations
Brief consultations (clinic based)		$22		$17		$14		$14	
Intermediate consultations (clinic based)		$34		$24		$20		$20	
Comprehensive consultations (clinic based)		$39		$28		$24		$24	
Preventative health[3]									
Health checks Weight management programs Quit smoking programs Health education programs	2 months	Up to $50 Up to $100	$50 per single policy $100 per family policy	Up to $25 Up to $50	$25 per single policy $50 per family membership	Not covered	Not covered	Not covered	Not covered
Remedial massage/myotherapy								Only if remedial massage/myotherapy selected	
Remedial massage/myotherapy	2 months	$28	$300	Not covered	Not covered	Not covered	Not covered	$28	$300

[1] Benefits only payable for services provided by providers that are approved by HBF as a Specialised Physiotherapist. [2] Forms part of the overall physiotherapy maximum. [3] For HBF-approved programs only.

Essentials cover summary continued

Services	Waiting periods	Premium Essentials		Extra Essentials		Essentials Standard		Essentials Saver	
		Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year	Benefits	Maximums pp per calendar year
Speech therapy									
Initial individual consultation – up to 45 minutes	2 months	$97	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $1000 under 3yrs $1400 over 3yrs	$75	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $600 under 3yrs $900 over 3yrs	$59	Occupational therapy, orthoptics (eye therapy) and speech therapy maximums combined $500 under 3yrs $800 over 3yrs	Not covered	Not covered
Initial individual consultation – 45 to 90 minutes		$122		$100		$74			
Subsequent individual consultations – up to 45 minutes		$52		$40		$32			
Subsequent individual consultations – 45 to 90 minutes		$72		$50		$44			
Group consultations		$12		$10		$8			
Urgent ambulance[1]									
Urgent ambulance	7 days	Cover for urgent ambulance transport	No limit	Cover for urgent ambulance transport	No limit	Cover for urgent ambulance transport	No limit	Cover for urgent ambulance transport	No limit
Wellness									
Wellness[2]	2 months	Pays benefits for a variety of services	$75-$450 depending on service	Not covered – available if purchased separately		Not covered – available if purchased separately		Not covered	Not covered

[1] Urgent ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention. See page 8 for details.
[2] See pages 22-23 for more details.

Wellness or GapSaver can be added to your Essentials policy to improve your health and wellbeing or minimise your out-of-pocket expenses.

Wellness

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

We're waiving all Wellness waiting periods so you can claim straight away.

Wellness benefits are paid based on two groups. Benefits are only payable for services and programs provided by HBF approved providers.

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	Maximums pp per calendar year
Psychology	Psychologists specialised in approved disciplines, such as clinical, counselling, educational and development psychology.	$44 (initial and standard) $22 (group)	$450
Exercise physiology	Exercise physiologists are providers of exercise interventions for physical rehabilitation; as a strategy for disease prevention; or for establishing and sustaining functional independence.	$28 consult $10 group	$400
Remedial massage/ myotherapy	Remedial massage treatment assists in healing parts of the body that have been injured or left inactive due to age, illness or injury.	$28 consult	$300
Nutritionist	Nutritionists provide advice about food choices for a healthy diet using their extensive knowledge of the nutritional value of foods.	$33 initial $28 subsequent	$200
Travel vaccinations	Travel vaccinations protect people against disease when travelling. Benefit is payable for malaria tablets, typhoid, yellow fever, cholera, meningococcal, small pox, poliomyelitis, hepatitis A and B.	100%	$100
Nicotine replacement therapy	Nicotine replacement therapy prevents illness by helping members to quit smoking. Includes patches, lozenges, gum & nicotine inhalers.	100%	$100

Group 2: $400 Group benefit maximum with individual benefit maximums

The health services outlined below have a group benefit maximum of $400. That means you can claim up to a total of $400 across all of these services, in any calendar year but individual benefit maximums also apply.

		Benefits	Group maximum pp per calendar year
Bowen therapy	Bowen therapy is a soft tissue remedial therapy approach to pain relief and healing. It includes the therapist using fingers or thumbs to move over muscle, ligament, tendon and fascia in the body.	$28 per consult	
Alexander technique	The Alexander technique teaches how to unlearn postural habits that cause pain or harmful tension in your body. It is a method for improving ease and freedom of movement, balance, support and coordination.	$28 per consult	
Kinesiology	Kinesiologists work with individuals to enhance their health, fitness and well-being. Any imbalance can be detected by testing muscles to assist an individual in regaining their optimal physical function.	$28 per consult	
Hypnotherapy	Hypnotherapy is a therapy that is undertaken with a person in hypnosis with the aim of increasing motivation or altering behavior patterns.	$28 per consult	
Feldenkrais	The Feldenkrais method is a form of movement re-education. It aims to reduce pain or limitations in movement, to improve physical function, and to promote general wellbeing.	$28 per consult	
Shiatsu	Shiatsu is Japanese for 'finger pressure'. The practitioner uses a combination of stretches and other massage techniques applying pressure to key points to influence and stimulate energy flow in the body.	$28 per consult	
Aromatherapy	Aromatherapy uses volatile plant materials, known as essential oils, and other aromatic compounds to reduce stress and enhance the individuals healing process.	$28 per consult	$400
Reflexology	Reflexology is a therapy based on the principle that reflex areas in the feet, hands and ears relate to the internal organs and other structures of the body.	$28 per consult	
Herbalist consultation	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.	$28 per consult	
Yoga program[1]	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	
Pilates program[1]	Pilates is an exercise style that involves training your muscles to improve posture and alignment.	$75 per program	
Health monitoring equipment	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.	100% Up to $75 sub-limit	
Preventative equipment	Preventative equipment prevents injury from occurring when exercising or doing activities designed to improve health. Inclusions: joint and back supports, braces, pressure garments, aids to recovery equipment.	100% Up to $75 sub-limit	

[1] A program is a minimum of eight sessions within a three month period.

GapSaver

GapSaver can be added to your HBF Essentials policy as a way of putting money aside to help cover out-of-pocket expenses for an Essentials or Wellness service.

You can use GapSaver benefits you've accrued for as long as you have HBF health cover (they don't expire each year). If you're eligible for the Australian Government Rebate on private health insurance you may be able to accrue more GapSaver benefits than you'll pay in premiums.

GapSaver benefits you can accrue each year and the cost of the policy, depending on your rebate:

Singles

	Annual GapSaver premium you pay*			
Annual amount you accrue	**30% rebate**	**20% rebate**	**10% rebate**	**No rebate**
$100	$70	$80	$90	$100
$200	$140	$160	$180	$200
$400	$280	$320	$360	$400
$600	$420	$480	$540	$600

Couples/families

	Annual GapSaver premium you pay*			
Annual amount you accrue	**30% rebate**	**20% rebate**	**10% rebate**	**No rebate**
$200	$140	$160	$180	$200
$400	$280	$320	$360	$400
$800	$560	$640	$720	$800
$1200	$840	$960	$1080	$1200

GapSaver benefits accrue quarterly and you can use the benefits you've accrued for as long as you have HBF health cover (they don't expire each year). Only GapSaver benefits accrued at the date of service can be used towards your claim.

*Premiums may vary slightly depending on payment frequency due to rounding or where Lifetime Health Cover applies. Other rebate percentages may apply depending on age and income.

Your questions answered

To what age are my children covered?

On a family policy, your children will be covered at no extra charge up until the end of the year they turn 18, unless they're married or in a de facto relationship. Cover may then be continued up to the age of 25, provided they are not married or in a de facto relationship and are either studying full-time or not earning more than $20,500 per calendar year. If you are on a single policy, you will have to transfer to a family policy to add your child.

What if I'm not eligible for Medicare?

If you aren't eligible for Medicare, you will experience large out-of-pocket hospital and medical expenses with our HBF Essentials cover. You may wish to consider HBF overseas visitor cover which provides benefits for services Medicare would normally cover. Please contact us on 133 423 or visit hbf.com.au for more information.

Am I covered outside Australia?

No Australian health fund is legally permitted to pay benefits for any medical treatment or services provided outside Australia. You may want to take out HBF travel insurance (generous discounts apply for every HBF member) if you are travelling overseas.

If you are going to be away for longer than two months you can suspend your health cover membership without losing any benefits or having to re-serve waiting periods when you return. It won't cost you anything to suspend your cover, and you won't need to pay for your health insurance while you're out of Australia. Some conditions apply so please contact us for details.

Am I covered outside WA?

Although HBF is a Western Australian based organisation, you'll be covered wherever you are in Australia. As different states have varying medical costs, premiums reflect the state you reside in. If you have any questions about your cover outside WA, please call us or visit hbf.com.au/australia.

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, unless for pharmaceuticals, glasses or contact lenses from an HBF approved provider that operates in Australia
- For Essentials services where Medicare would pay a benefit

What if I change my mind?

We want you to be sure that you've chosen the policy that best suits your needs, so you have a 30-day cooling-off period from the date you join or change cover. During this time, you may receive a full refund for any premiums you've paid as long as you haven't made a claim.

Your rights and obligations

When we provide you with products and services we believe you should have access to information about your rights and obligations. The following pages explain some of your key obligations and rights, as well as HBF's obligations to you.

You'll also find information about how we operate and how we collect information. Specifically, this information will help you to understand the Private Health Insurance Code of Conduct, how we protect your privacy, where you can access more information and how to raise a concern or make a complaint.

HBF Fund Rules

All registered health funds are required to have fund rules under the *Private Health Insurance Act 2007*. These Fund Rules set out the general principles and rules of membership under which each fund conducts its business.

When you take out private health insurance with HBF, you become a member of our fund and you agree to our Fund Rules. As a member of HBF, you have rights and obligations concerning your health insurance policy and membership. It's important that you're aware of the contents of the Fund Rules as they form the terms and conditions of your policy, so please ensure you read them. We recommend that these Fund Rules be read together with your Policy Certificate and the brochures relevant to your cover.

To obtain the HBF Fund Rules, visit hbf.com.au/fundrules or contact us on 133 423.

Private Health Insurance Code of Conduct

HBF is a signatory to the Private Health Insurance Code of Conduct (**the Code**). The Code is designed to help you by providing clear information and transparency in your relationships with health funds. The Code covers four main areas of conduct in private health insurance. They are:

- People selling private health insurance are properly trained.
- Members are aware of the internal and external dispute resolution procedures available in the event that they have a dispute with their health fund.
- Policy documentation contains all the information that members require in a way that enables them to make a fully informed decision about their purchase.
- Members purchasing health insurance from persons other than the health funds' employees understand the nature of the arrangement between the fund and the person selling the insurance on the fund's behalf.

HBF's obligation to you under the Code

We will endeavour to:

- work towards improving the standards of practice and service within HBF,
- provide information to our members in plain language,
- promote better informed decisions about our private health insurance products and services:
  - by ensuring that our policy documentation is full and complete,
  - by providing an effective and clear verbal or written explanation of the contents of the policy documentation, and
  - by ensuring that our employees providing information on health insurance are appropriately trained,
- provide information to members on their rights and obligations under their relationship with HBF, including information on the Code, and
- provide members with easy access to our internal dispute resolution procedures, which will be undertaken in a fair and reasonable manner, and advise them of their rights to take an issue to an external body, such as the Private Health Insurance Ombudsman.

How the Code helps HBF members

Apart from promoting improved standards in clarity and usefulness of information given to members, the Code is designed to help solve problems between members and HBF.

HBF has a complaints handling process for members who may have a dispute with us.

Examples of disputes include:

- contents of advertising by HBF,
- representations made to the member when they purchased a product,
- features of their product, and
- benefits paid under their product.

You can access HBF's complaint handling process by visiting your nearest HBF branch, by contacting an HBF member service advisor on 133 423, or by writing to us at GPO Box C101, Perth 6839.

If you're not satisfied with the outcome of your concern you can ask to have it reviewed by the internal dispute resolution process. Complaints should be addressed to:

HBF Dispute Manager
GPO Box C101, Perth 6839
Phone: 133 423
Fax: (08) 9265 6356
Email: memberexperience@hbf.com.au

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 by writing to Suite 2, Level 22, 580 George Street, Sydney NSW 2000,
- forward the problem to a health care complaints commission or fair trading body in your state of residence, or
- report HBF's behaviour to the Australian Competition and Consumer Commission.

Your documentation

All documentation regarding your policy is important. Please read it carefully and contact us if you require any further information. Please keep your policy certificate in a safe place for future reference.

How can I get a copy of the Code?

A full copy of the Code is available at privatehealth.com.au/codeofconduct or by calling HBF on 133 423.

Your privacy

At HBF Health Limited (**HBF**) we comply with the *Privacy Act 1988* (Cth) (**Privacy Act**). 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. Personal information is information or an opinion about an individual, or an individual who is reasonably identifiable, whether the information or opinion is true or not, or is recorded in a material form or not. It includes your name, age, gender and contact details as well as your sensitive information (which includes health information).

Collection, use and disclosure of your personal information

HBF collects and uses your personal (including sensitive) information (**Information**) to provide you with private health insurance and health and wellness related services, including to:

- manage our ongoing relationship with you,
- administer, process and audit private health insurance premiums and claims and pay benefits,
- assess your suitability for, enrol you in and administer health and wellness related services such as chronic disease management programs and health management programs,
- provide you with access to smartphone applications and website portals in relation to managing your health and your relationship with us,
- conduct research in relation to ways to improve health outcomes,
- manage, review and develop our private health insurance products and related services whether provided by us or other parties on our behalf,
- manage, review, develop and improve our business and operational processes, including training and systems, provided by us or other parties on our behalf,
- resolve any legal and/or commercial complaints or issues including compensation recovery,
- prevent, detect and follow up fraudulent or invalid claims or misrepresentations,
- meet legislative requirements relating to private health insurers, and
- perform any of our other functions and activities relating to our private health insurance and health and wellness businesses.

HBF may collect your Information from you, the person responsible for the management of your private health insurance membership (**Principal Policyholder**) or a person authorised to provide us this information on your behalf in order to, amongst other things, provide you with private health insurance cover and pay you benefits. HBF may also collect your Information from one of its subsidiaries (**an HBF Group entity**) (in order to, amongst other things, investigate potential fraudulent claims and misrepresentations) or a third party such as a health service provider, broker or employer (in order to, amongst other things, provide you with private health insurance cover and pay you benefits). HBF also engages third parties to carry out functions on behalf of HBF (such as claims administration and chronic disease management program providers) and they may collect your Information from you and pass this Information to HBF.

In order to carry out the purposes described in this statement, HBF may disclose your Information to persons or organisations such as:

- other HBF Group entities,
- our brokers and agents who refer your business to us,
- our service providers (who may provide some services directly to you on our behalf) including mailhouses, market researchers, manufacturers of membership cards, claim administrators, claim auditors and IT support (including by way of cloud computing),
- our professional advisors,
- health and wellness service providers (such as hospitals, general practitioners, allied health providers, and chronic disease and health management program providers),
- payment system operators and financial institutions,
- persons authorised by you, including other persons covered by your private health insurance membership, and your agents and professional advisors such as legal practitioners,
- if you have a compensation claim, the insurer or statutory body responsible for paying your compensation claim or compensation recovery organisations,
- if you have an overseas visitors product, your educational institution, migration agent or broker,
- if you have a corporate private health insurance product, your employer,
- regulatory bodies and government agencies (such as the Department of Health & Ageing, the Private Health Insurance Ombudsman and Medicare Australia),
- parties involved in a prospective or actual transfer of any part of our assets or business, and
- other parties to whom we are authorised or required by law to disclose information.

These third parties may also collect your Information directly from you. Subject to the following two sentences, HBF is unlikely to transfer your Information overseas. At your request, HBF may provide a transfer certificate or claims history containing your Information to an overseas insurer nominated by you. By making such a request, you give consent for your Information to be transmitted overseas in these circumstances. In the event HBF transfers your Information outside Australia, we will comply with the requirements of the Privacy Act that relate to transborder data flows.

If you are not the Principal Policyholder of your private health insurance membership, HBF may also disclose your personal information to the Principal Policyholder as part of administering the membership and paying benefits. This may include the disclosure of sensitive information about benefits claimed by you under your policy. If the Principal Policyholder has authorised his/her spouse/partner to administer the private health insurance membership, HBF may disclose the Principal Policyholder's Information to his/her spouse/partner.

If you do not provide Information requested of you to HBF, we may be unable to provide you with private health insurance cover, pay you benefits, assess or waive Lifetime Health Cover loading or apply an entitlement to the Australian Government Rebate on private health insurance as a premium reduction.

Marketing

HBF may use your Information to contact you (including by telephone call, text message or email) in relation to other products or services we think may be of interest to you. This may include our own products and services, the products or services of an HBF Group entity or the products or services of third parties.

By way of example, HBF may contact you in relation to a general insurance offering that we think may be of interest to you.

Personal information is shared between HBF Group entities. HBF Group entities may use your personal information to contact you (including by telephone call, text message or email) in relation to their products or services or the products or services of third parties.

HBF and HBF Group entities may contact you about products and services we think may be of interest to you during the period you are a private health insurance member and after you cease your private health insurance membership. For example, if you cease your private health insurance cover with HBF, HealthGuard Health Benefits Fund Limited may contact you about its private health insurance offering.

You may opt-out of receiving marketing information from HBF and the HBF Group entities at any time by:

- calling us on 133 423,
- emailing us on memberservices@hbf.com.au,
- 'ticking the box' on the relevant form when you apply for a product or service

Please allow five working days for your request to be actioned.

If you are the Principal Policyholder

As the Principal Policyholder, you must ensure that your spouse/partner and dependent children (if any) are aware of, and consent to, how their Information is handled under this Privacy Statement and the HBF Privacy Policy (current as at 15 February 2013) which can be accessed at hbf.com.au (**Privacy Policy**). You and your spouse/partner and dependent children (if any) should not provide us with any Information unless you and they consent to it being handled in accordance with this Privacy Statement and the Privacy Policy.

By:

- taking out or maintaining your private health insurance policy, or
- providing your Information to HBF, or you or your spouse/partner and/or dependent children (if any) providing their Information to HBF, for whatever purpose,

you consent to, and warrant that your spouse/partner and/or dependent children have consented to, HBF collecting, using and disclosing your and their Information, however collected by us, in accordance with this Privacy Statement and the Privacy Policy.

Access to your Information and contacting us

HBF will allow you to access and correct personal information we hold about you as required by law. If you have any queries about how HBF handles your personal information, or would like to request access to that information, please contact us:

- By mail - HBF Privacy Officer, GPO Box C101, Perth WA 6839
- By telephone – 1300 883 530

If you have any concerns or complaints about the manner in which your personal information has been collected or handled by HBF, please contact the privacy officer using the details above.

The Privacy Policy contains further information about how HBF generally handles your personal information including:

- how you can access and correct personal information we hold about you, and
- how you can submit a privacy complaint to HBF and how HBF will deal with your complaint.

Go to hbf.com.au

Visit a branch

Mon to Fri: 9am to 5pm
Sat: 9am to 12.30pm*

Call us 133 423

Mon to Fri: 8am to 6pm
Sat: 8am to 1pm

Metropolitan branches

Perth
96 William St

Belmont
Belmont Forum Shopping Centre

Booragoon
Garden City Shopping Centre*

Cannington
Carousel Shopping Centre*

Fremantle
Corner Market St and High St Mall

Hillarys
Whitford City Shopping Centre

Innaloo
Innaloo Shopping Centre

Joondalup
Lakeside Joondalup Shopping City*

Karrinyup
Karrinyup Shopping Centre*

Mandurah
32 Pinjarra Rd

Midland
Midland Gate Shopping Centre

Morley
Galleria Shopping Centre*

Rockingham
Rockingham Shopping Centre

Subiaco
513 Hay St

Success
Cockburn Gateway Shopping Centre

Regional branches

Albany
21 Albany Hwy
9845 7000

Bunbury
12 Arthur St
9722 6300

Busselton
2/90-92 Queen St
9781 1800

Geraldton
Northgate Shopping Centre
9920 8200

Ni hao!

We speak your language

If English is not your first language, our multilingual team is fluent in many languages including Mandarin, Cantonese and Hindi. Call us on 1300 735 137.

HBF Health

HBF_Health

HBF_WA

We don't play favourites, we support them! HBF proudly sponsors WA's favourite AFL teams, the Dockers and the West Coast Eagles.

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HBF Health Limited ABN 11 126 884 786. This policy information should be read carefully and retained for your future reference. The information in this brochure is correct at time of print. Minor changes may have occurred since the date of printing. If major changes occur, the brochure will be replaced. Details of any minor changes can be obtained from HBF on request.

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