

Flexi Extras Cover Summary

Please note: this product is no longer available for sale.

Flexible extras cover for 10 services of your choice that you can swap at any time

Features



Choose 10 services and swap them at any time¹



No annual limit on Preventative Dental²



Unlimited Urgent Ambulance by road^{2,3}

Flexi Extras includes:

- ✓ Choose from Chiro, Dental including Major Dental, Dietetics, Optical, Physiotherapy, Podiatry, Psychology, Remedial Massage, Urgent Ambulance and more

Full list of selectable service categories and commonly used treatments are enclosed within this product sheet

How to contact us:



Call 133 423

For call centre opening hours, please visit hbf.com.au/contact-us



Go to hbf.com.au



Find a branch near you

WA only

¹ Waiting periods apply.

² Only if selected.

³ HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent. HBF does not cover air ambulance.

As of 23 February 2020, Flexi Extras is no longer available for sale. It is restricted to existing members who meet HBF's eligibility criteria.

Why trust HBF as your health insurer

Since 1941, HBF has been caring for the health of Australians by helping them get well in the moments that matter



We always put our members first



We're not run by shareholders. That means we can focus on giving our members more back.



Get covered with a health fund that's been looking after Australians for over 75 years

Get well rewarded with a range of offers and discounts:



Discounted entry to HBF Run for a Reason and selected gym memberships⁴



Access exclusive discounts and offers through our Momentum Member Benefits program

As an HBF member, you'll also be able to:



Stay connected

Claim online and check your limits and usage through myHBF and the HBF Health app



Get well covered

Get well covered with HBF home, car and travel,⁵ and life⁶ products

⁴ Terms and conditions apply. Visit hbfstadium.com.au/hbf-momentum-member-benefits.

⁵ General Insurance issued by Insurance Australia Limited. Consider the PDS available from HBF.com.au to see if the product is right for you.

⁶ HBF Ezicover life insurance products are issued by Zurich Australia Limited. Before making a decision about the product you should consider the HBF relevant combined Product Disclosure Statement and Financial Services Guide available from HBF or via www.hbf.com.au

What am I covered for?

Choose 10 services and swap them at any time.

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

Benefits are payable up to your annual limit and only for services and programs approved by HBF and delivered by providers that are approved by HBF. Annual limits are per person per calendar year unless otherwise stated. Waiting periods may apply before benefits are payable. There is a limit of 1 initial consultation per service, per calendar year.

Inclusions	Waiting periods	Benefits	Annual limits	Amount
Commonly used services			Length of Cover	
Alternative Therapies⁷ Only if selected				
Traditional Chinese Medicine consultations	2 months	\$30	Up to 1 year	\$200
Acupuncture consultations		\$30	1-2 years	\$250
Hypnotherapy consultations		\$30	Over 2 years	\$300
Appliances⁸ Only if selected				
Health monitoring equipment	2 months	60%	Up to 1 year	\$800
Non-surgically implanted appliances	12 months		1-2 years	\$900
Nebuliser ⁹			2-3 years	\$1,000
Blood glucose monitor ⁹			3-4 years	\$1,100
Hearing Aid ¹⁰		100%	Over 4 years	\$1,200
Chiropractic Only if selected				
Initial consultation	2 months	\$39	Up to 1 year	\$400
Subsequent consultation		\$27	1-2 years	\$450
X-ray – 1 per calendar year		\$64	2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Dental – Preventative and General Restorative¹¹ Only if selected				
Preventative		Member Plus dental providers ¹²	Non-Member Plus dental providers	
Oral examination (Item 012)	2 months	85% of schedule fee ¹³	\$42	No limit
Dental x-ray (Item 022)			\$34	
Fluoride treatment (Item 121)			\$21	
Scale and clean – first visit per calendar year (Item 114)		100% of schedule fee ¹³	\$83	
Scale and clean – subsequent visit (Item 114) ¹⁴		85% of schedule fee ¹³	\$83	
General Restorative		All dental providers		
Extractions (Item 322)	2 months	\$116	Up to 3 years	\$600
Simple fillings (Item 521)		\$59	3-5 years	\$800
			Over 5 years	\$1,200
Dental – Major Dental, Implants and Orthodontics¹⁵ Only if selected				
		All dental providers		
Crowns veneered (Item 615)	12 months	\$690	Up to 2 years	\$1,500
Root Canal (Item 417)		\$137		
Dentures (Item 719)		\$820	2-3 years	\$1,750
Bridges (Item 643)		\$509	3-4 years	\$2,000
Implants (Item 688)		\$1,188	Over 4 years	\$2,500
Braces (Item 831 x2)		Up to \$2,500	Lifetime limit for Orthodontics	\$2,500

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

⁸ For HBF approved appliances only. HBF does not cover accessories and associated software for appliances.

⁹ One per person every 3 years.

¹⁰ Annual limit shown is payable for a 3 year period for Hearing Aids.

¹¹ 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.

¹² Member Plus dental arrangement available in WA only.

¹³ Percentage benefit applies only when the provider charges in accordance with the Member Plus schedule fee. If the provider charges above the Member Plus schedule fee, you will have a larger out of pocket cost.

¹⁴ If a subsequent scale and clean is required to complete the same course of treatment (dental item 115), the benefit for this treatment may be lower.

¹⁵ Benefit entitlement for Orthodontics is based on the length of membership on the relevant product at the time the appliances are fitted and is full course of treatment. This includes appliances fitted following the removal of braces.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits	
			Length of Cover	Amount
Dietetics/Nutrition Only if selected				
Initial consultation	2 months	\$41	Up to 1 year	\$400
Subsequent consultation		\$24	1-2 years	\$450
Dietetics – Group consultation		\$15	2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Exercise Physiology Only if selected				
Individual consultation	2 months	\$28	Up to 1 year	\$400
Group consultation		\$10	1-2 years	\$450
			2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Eye Therapy Only if selected				
Consultation – up to 30 mins	2 months	\$30	Up to 1 year	\$400
Consultation – over 30 mins		\$42	1-2 years	\$450
			2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Healthy Living Programs Only if selected				
Health check	2 months	One fully covered health check when provided at select Member Plus pharmacies ¹⁶	One health check	
Flu vaccinations – 1 per calendar year		100% and only when provided at select Member Plus pharmacies ¹⁶		
Dose administration aids				
Health Education programs		100% up to \$150 sub-limit		
Strength for Life – Initial consultation		60%	Up to 1 year	\$200
Strength for Life – Subsequent classes			1-2 years	\$250
Travel vaccinations		100%	Over 2 years	\$300
Nicotine Replacement Therapy				
Quit Smoking and Weight Management programs		60%		
Occupational Therapy Only if selected				
Initial consultation	2 months	\$42	Up to 1 year	\$400
Subsequent consultation – up to 30 mins		\$25	1-2 years	\$450
Subsequent consultation – over 30 mins		\$32	2-3 years	\$500
		\$15	3-4 years	\$550
Group consultation		Over 4 years	\$600	
Optical Only if selected				
Frames & single vision lenses	2 months	100%	\$225	Combined annual limit for glasses, contact lenses and prescription lenses
Frames & bi-focal or multi-focal lenses				
Contact lenses				
Osteopathy Only if selected				
Initial consultation	2 months	\$39	Up to 1 year	\$400
Subsequent consultation		\$27	1-2 years	\$450
			2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Pharmacy Only if selected				
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment ¹⁷	Up to 1 year	\$400
			1-2 years	\$450
			2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600

¹⁶ Member Plus pharmacy arrangements available in WA, NSW, VIC and ACT only.

¹⁷ The benefit may vary depending on the medication. Benefits are only payable where the medication satisfies eligibility criteria set by HBF. The amount of the co-payment is equal to the Australian Government PBS general patient co-payment at the time the medication is dispensed.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits	
			Length of Cover	Amount
Physiotherapy Only if selected				
Initial consultation	2 months	\$39	Up to 1 year	\$400
Subsequent consultation		\$32	1-2 years	\$450
Group consultation		\$14	2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Podiatry Only if selected				
Initial consultation	2 months	\$40	Up to 1 year	\$400
Subsequent consultation		\$15	1-2 years	\$450
Foot Orthoses – including casting ¹⁸	12 months	60%	2-3 years	\$500
Diagnostic testing and biomechanical evaluation – 1 per calendar year ¹⁸			3-4 years	\$550
			Over 4 years	\$600
Psychology Only if selected				
Clinical Psychology ¹⁹				
Assessment	2 months	\$100	Up to 1 year	\$400
Treatment/management		\$75	1-2 years	\$500
Group treatment		\$40	2-3 years	\$600
			3-4 years	\$700
			Over 4 years	\$800
			Combined annual limit for Clinical Psychology and Psychology	
Psychology				
Individual consultation	2 months	\$75	Up to 1 year	\$400
Group consultation		\$40	1-2 years	\$500
			2-3 years	\$600
			3-4 years	\$700
			Over 4 years	\$800
			Combined annual limit for Clinical Psychology and Psychology	
Remedial Massage/Myotherapy Only if selected				
Consultations	2 months	\$30	Up to 1 year	\$200
			1-2 years	\$250
			2-3 years	\$300
			3-4 years	\$350
			Over 4 years	\$400
Speech Therapy Only if selected				
Initial consultation – up to 45 mins	2 months	\$65	Up to 1 year	\$400
Initial consultation – over 45 mins		\$85		
Subsequent consultation – up to 45 mins		\$40		
Subsequent consultation – over 45 mins		\$45		
Group consultation		\$25		
			1-2 years	\$450
			2-3 years	\$500
			3-4 years	\$550
			Over 4 years	\$600
Urgent Ambulance ²⁰ Only if selected				
Urgent Ambulance (by road)	7 days	Cover for urgent ambulance transport	No limit	

For a benefit to be payable, claims must be lodged within 2 years of the date of service.

¹⁸ Foot Orthoses must be custom-made by an approved HBF provider. For some Foot Orthoses, HBF will only pay a benefit when provided by an approved Podiatrist or Orthotist.

¹⁹ Provider must be registered with the relevant national board including an endorsement for Clinical Psychology.

²⁰ HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent. HBF does not cover air ambulance.

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

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