

# Standard Extras Cover Summary

**Extras cover for 19 common services like Optical, General Dental and Major Dental**

## Features



Unlimited urgent ambulance by road<sup>1</sup>



Get a fully covered flu vac and health check at selected Friendlies Pharmacies and Member Plus<sup>2</sup> Pharmacies



No annual limit on preventative dental<sup>3</sup>



A fully covered pair of glasses every year<sup>4</sup>

### Standard Extras includes:

- ✓ Chiro, Clinical Psychology, Dental including Major Dental, Optical, Physio, Podiatry and more

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

### How to contact us:



#### Call 133 423

Call centre hours (WST)  
Mon-Fri: 6am-6pm, Sat: 7am-4pm, Sun: Closed



#### Go to [hbf.com.au](https://www.hbf.com.au)



#### Find a branch near you

<sup>1</sup> 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.

<sup>2</sup> Only applicable in states outside WA.

<sup>3</sup> Waiting periods apply.

<sup>4</sup> Available from one of many Member Plus optical stores. Waiting periods and annual maximums may apply.

# 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



We're a health fund trusted by  
1 million members

## Get well rewarded with a range of offers and discounts:



15% off at Friendlies Pharmacies  
for HBF members<sup>5</sup>



Free HBF fitness sessions run  
across WA<sup>6</sup>



Access exclusive discounts  
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,<sup>7</sup>  
and life<sup>8</sup> products

<sup>5</sup> Excludes prescriptions, discounted products, health services and related items.

<sup>6</sup> Charges apply for other participants.

<sup>7</sup> General Insurance issued by Insurance Australia Limited. Consider the PDS available from HBF.com.au to see if the product is right for you.

<sup>8</sup> 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](http://www.hbf.com.au)

# What am I covered for?

This is an overview of Standard Extras. Additional information you should know relating to this cover can be found in the Membership guide available at [hbf.com.au/membership-guide](http://hbf.com.au/membership-guide)

Benefits only payable for services and programs delivered by providers that are approved by HBF. There is a limit of 1 initial consultation per service, per calendar year.

Commonly used services	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year unless otherwise stated	
			Length of Cover	Amount
<b>Appliances<sup>9</sup></b>				
Non-surgically implanted appliances <sup>10</sup>	12 months	Benefits vary depending on appliance	\$500 Sub-limits apply on some items	
Nebuliser		\$108	1 appliance per 3 years	
Blood glucose monitor		\$200	1 appliance per 3 years	
Hearing Aid		100%	Up to 2 years 2 - 3 years 3 - 4 years Over 4 years Annual limits can only be claimed every 3 years	\$500 \$600 \$800 \$1000
<b>Chiropractic</b>				
Initial consultation	2 months	\$39	Up to 1 year 1 - 2 years 2 - 3 years Over 3 years Combined annual limits for Chiropractic and Osteopathy	\$350 \$400 \$450 \$500
Subsequent consultation		\$32		
X-ray – 1 pp per calendar year		\$64		
<b>Clinical Psychology<sup>11</sup></b>				
Assessment	2 months	\$79	\$720	
Treatment/Management		\$44		
Group Treatment		\$22		
<b>Dental<sup>12</sup></b>				
<b>Preventative</b>		<b>Member Plus dentist<sup>13</sup></b>	<b>Non-Member Plus dentist</b>	
Oral examination	2 months	75%	\$37	No limit
Dental x-ray			\$30	
Scale & Clean			\$73	
Flouride treatment			\$18	
<b>General Restorative</b>		<b>All dentists</b>		
Extractions	2 months	\$108	Up to 3 years 3-5 years Over 5 years	\$600 \$800 \$1200
Simple Fillings		\$54		
<b>Major Dental and Implants</b>		<b>All dentists</b>		
Crowns (3 units of crowns/bridges per year) <sup>14/15</sup>	12 months	Up to \$625		
Root Canal		Up to \$120	Up to 3 years 3-5 years Over 5 years	\$800 \$1000 \$1800
Dentures		Up to \$650		
Bridges (3 units of crowns/bridges per year) <sup>14/15</sup>		Up to \$460	2 complete Implants pp per 2 calendar years	
Implants		Up to \$878		
<b>Orthodontics<sup>16</sup></b>				
Braces /Invisalign	12 months	Up to \$1850	Up to 3 years 3-5 years 5-10 years Over 10 years Lifetime limit	\$500 \$800 \$1600 \$1850 \$1850

<sup>9</sup> For HBF approved appliances only. HBF does not cover accessories and associated software for appliances.

<sup>10</sup> Charges for most non-surgically implanted appliances must be at least \$100.

<sup>11</sup> Provider must be registered with the relevant national board with an endorsement of Clinical Psychology, and approved by HBF.

<sup>12</sup> 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.

<sup>13</sup> Member Plus dentist arrangements only applicable in WA.

<sup>14</sup> Sub-limits included in overall annual limits.

<sup>15</sup> Crowns associated with Implants limited to 2 per 2 years.

<sup>16</sup> 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.

Commonly used services	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year unless otherwise stated	
			Length of Cover	Amount
<b>Dietetics</b>				
Dietetics - Initial consultation	2 months	\$33	\$240	
Dietetics - Subsequent consultation		\$17		
<b>Eye Therapy</b>				
Consultation - over 30 minutes	2 months	\$42	Up to 3 years	\$500
Consultation - up to 30 minutes		\$22	Over 3 years	\$800
Combined annual limit for Occupational Therapy, Eye Therapy and Speech Therapy				
<b>Healthy Living Programs<sup>17</sup></b>				
Health check	2 months	One fully covered health check when provided at selected Friendlies and Member Plus <sup>18</sup> pharmacies	One health check	
Flu vaccinations		100% when provided at selected Friendlies and Member Plus <sup>18</sup> pharmacies		
Dose administration aids		100% when provided at selected Friendlies Pharmacies	Up to 3 years	\$200
Health Education programs		100%	Over 3 years	\$300
Living Longer Living Stronger - Initial consultation		\$27	\$150 sub-limit applies for Weight Management, Health Education and Living Longer Living Stronger programs	
Living Longer Living Stronger - Subsequent consultation		100%		
Quit smoking, Friendlies Health and Weight Management Programs		60%		
<b>Occupational Therapy</b>				
Initial consultation	2 months	\$36	Up to 3 years	\$500
Subsequent consultation		\$20	Over 3 years	\$800
Group consultation		\$8	Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	
<b>Optical<sup>19</sup></b>				
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 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 discount in addition to your HBF benefit may be applied.				
Frames & single vision lenses	2 months	\$120	1 pair of glasses up to benefits listed	
Frames & bi-focal or multi-focal lenses		\$160	\$120 sub limit for frame replacements <sup>20</sup>	
Spherical ridged or soft contact lenses (pair)		\$127	1 pair of contact lenses or up to \$140 for frequent replacement/disposable lenses per year	
<b>Osteopathy</b>				
Initial consultation	2 months	\$22	Up to 1 year	\$350
Subsequent consultation		\$17	1 - 2 years	\$400
			2 - 3 years	\$450
			Over 3 years	\$500
Combined annual limits for Chiropractic and Osteopathy				
<b>Pharmacy</b>				
Pharmaceuticals listed on the HBF Pharmacy Schedule	2 months	Cost of medicine less member co-payment <sup>21</sup>	Up to 3 years	\$200
			Over 3 years	\$300

<sup>17</sup> For HBF approved programs only.

<sup>18</sup> Only applicable in states outside of WA.

<sup>19</sup> Not all lens prescriptions and supplementary services may be eligible to be charged at no cost.

<sup>20</sup> When fitted with your own prescription lenses.

<sup>21</sup> This may vary depending on the medication. The co-payment amount is equivalent to the Australian Government General Co-payment amount at the time of dispensing the medication.

Commonly used services	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year unless otherwise stated	
			Length of Cover	Amount
<b>Physiotherapy</b>				
Initial consultation	2 months	\$39	Up to 1 year	\$350
Subsequent consultation		\$32	1 - 2 years	\$400
Group consultation		\$14	2 - 3 years	\$450
			Over 3 years	\$500
<b>Podiatry</b>				
Initial consultation	2 months	\$26	10 consultations	
Subsequent consultation		\$14		
Foot Orthoses including casting (pair) <sup>22</sup>	12 months	Up to \$240	\$240	
<b>Speech Therapy</b>				
Initial consultation	2 months	\$59	Up to 3 years	\$500
Subsequent consultation		\$32	Over 3 years	\$800
Group consultation		\$8	Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	
<b>Urgent Ambulance<sup>23</sup></b>				
Urgent Ambulance (by road)	7 days	Cover for urgent ambulance transport	No limit	

<sup>22</sup> 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.

<sup>23</sup> 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](http://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.