

# Standard Extras Cover Summary

**Please note:** this product is no longer available for sale.  
It is restricted to policies that held this product at the time of closure.

This is an overview of Standard Extras. This product sheet must be read in conjunction with the Membership Guide available at [hbf.com.au/membership-guide](http://hbf.com.au/membership-guide)

For additional information about your health cover, chat to us online at [hbf.com.au](http://hbf.com.au) or call us on 133 423. Benefits are payable up to your annual limit and only for services and programs approved by HBF and delivered by providers that are approved by HBF.

Annual limits are per person per calendar year unless otherwise stated. Waiting periods may apply before benefits are payable. There is a limit of 1 initial consultation per service, per calendar year.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits	
			Length of Cover	Amount
<b>Appliances<sup>1</sup></b>				
Non-surgically implanted appliances	12 months	Benefits vary depending on appliance	\$500	
Nebuliser		Up to \$108	Sub-limits apply on some items	
Blood glucose monitor		Up to \$200	One appliance per 3 calendar years	
Hearing aids		100%	Up to 2 years	\$500
			2-3 years	\$600
			3-4 years	\$800
			Over 4 years	\$1,000
			Annual limits can only be claimed every 3 calendar years	
<b>Chiropractic</b>				
Initial consultation	2 months	\$39	Up to 1 year	\$350
Subsequent consultations		\$32	1-2 years	\$400
		\$64	2-3 years	\$450
X-ray – 1 per calendar year			Over 3 years	\$500
			Combined annual limits for Chiropractic and Osteopathy	

<sup>1</sup> For HBF approved and medically necessary appliances only. HBF does not cover accessories and associated software for appliances. Item limits apply.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits				
			Length of Cover	Amount			
<b>Dental</b>							
<b>Preventative</b>		Member Plus dental providers	Non-Member Plus dental providers				
Scale and clean – first visit per calendar year (Item 114)	2 months	100% of schedule fee	\$73	No limit			
Scale and clean – subsequent visits (Item 114)			\$73 <sup>2</sup>				
Oral examination (Item 012)		75% of schedule fee	\$37				
Dental x-ray (Item 022)			\$30				
Fluoride treatment (Item 121)			\$18				
<b>General Restorative</b>		All dental providers					
Extractions (Item 322)	2 months	\$108		Up to 3 years	\$600		
Simple fillings (Item 521)		\$59		3-5 years	\$800		
				Over 5 years	\$1,200		
<b>Major</b>		All dental providers					
Crowns veneered (Item 615)	12 months	\$630		Up to 3 years	\$800		
Root canal (Item 417)		\$120					
Bridges (Item 643)		\$460				3-5 year	\$1,000
Dentures (Item 719)		\$650				Over 5 years	\$1,800
<b>Implants</b>		All dental providers					
Implants (Item 688)	12 months	Up to \$878					
<b>Orthodontics</b>		All dental providers					
Braces (Item 831)	12 months	100%		Up to 3 years	\$500		
				3-5 years	\$800		
				5-10 years	\$1,600		
				Over 10 years	\$1,850		
				Lifetime limit	\$1,850		
<b>Dietetics</b>							
Initial consultation	2 months	\$33		\$240			
Subsequent consultations		\$17					
Group consultations		\$8					
<b>Eye Therapy</b>							
Consultations – up to 30 minutes	2 months	\$22		Up to 3 years	\$500		
Consultations – over 30 minutes		\$42		Over 3 years	\$800		
				Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy			
<b>Healthy Living Programs</b>							
Health check – 1 per calendar year	2 months	100% – Only when provided at select Member Plus pharmacies		One per calendar year			
Flu vaccination – 1 per calendar year				Up to 3 years	\$200		
Dose administration aids		3-5 years	\$300				
Health management services		Up to 100%	Sub-limits apply on select programs				
<b>Occupational Therapy</b>							
Initial consultation	2 months	\$36		Up to 3 years	\$500		
Subsequent consultations – up to 30 minutes		\$20		Over 3 years	\$800		
Subsequent consultations – over 30 minutes		\$32		Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy			
Group consultations		\$8					

<sup>2</sup> 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.

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits		
			Length of Cover	Amount	
<b>Optical</b>					
Frames only	2 months	100%	\$180		
Frames and prescription lenses					
Frames and bi-focal or multi-focal lenses					
Spherical rigid or soft contact lenses (pair)		\$127	1 set of contact lenses or up to \$140 for frequent replacement/ disposable lenses per calendar year		
<b>Osteopathy</b>					
Initial consultation	2 months	\$22	Up to 1 year	\$350	
				1-2 years	\$400
			2-3 years	\$450	
Subsequent consultations		\$17	Over 3 years	\$500	
Combined annual limits for Chiropractic and Osteopathy					
<b>Pharmaceuticals (non-PBS)</b>					
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment <sup>3</sup>	Up to 3 years	\$200	
			Over 3 years	\$300	
<b>Physiotherapy</b>					
Initial consultation	2 months	\$39	Up to 1 year	\$350	
Subsequent consultations			\$32	1-2 years	\$400
				2-3 years	\$450
Group consultations		\$14	Over 3 years	\$500	
<b>Podiatry</b>					
Initial consultation	2 months	\$26	10 consultations		
Subsequent consultations					Up to \$24
Foot orthoses including casting (pair) <sup>4</sup>	12 months	Up to \$240	\$240		
Diagnostic testing and biomechanical evaluation			Up to \$60	\$60	
<b>Psychology</b>					
<b>Clinical Psychology<sup>5</sup></b>					
Assessment	2 months	\$79	\$720		
Treatment/management					\$44
Group treatments					\$22
<b>Psychology</b>					
Individual consultations	2 months	\$44			
Group consultations					\$22
<b>Speech Therapy</b>					
Initial consultation – up to 45 minutes	2 months	\$59	Up to 3 years	\$500	
Initial consultation – over 45 minutes				\$74	Over 3 years
Subsequent consultations – up to 45 minutes			\$32	Combined annual limits for Eye Therapy, Occupational Therapy and Speech Therapy	
Subsequent consultations – over 45 minutes			\$44		
Group consultations			\$8		
<b>Urgent Ambulance</b>					
Urgent ambulance (by road)	7 days	100%	No limit		

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

<sup>4</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, Orthotist or Surgical Boot Maker.

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

# More information about your health cover

## Waiting periods

Where you have continuous extras cover, we'll honour any waiting periods you served on your previous cover, so you won't have to re-serve them.

If you are part-way through a waiting period, you will just have to serve the remainder before you can claim.

If there are services on this cover, that were not on your previous cover, you will have to serve the relevant waiting periods for the new services.

If there are higher benefits or limits on this cover compared to your previous cover, you will have to serve the relevant waiting periods for the increased benefits or limits.

## Urgent Ambulance

With Urgent Ambulance, you'll be fully covered for ambulance transport by road and on-site treatment, for circumstances classified as emergency or urgent provided by an HBF approved provider.

The most common urgent ambulance service is a call-out that requires a transport to the nearest hospital emergency department. Emergency or urgent treatment by paramedics at the scene, such as resuscitation, are also considered an urgent ambulance service and will therefore be eligible for benefit under your cover.

Each state runs a little differently when it comes to Ambulance cover, so here's what you need to know when you get your bill:

- If you live in VIC, SA, WA or NT and receive a bill for emergency or urgent ambulance transport or on-site treatment, send it to us for processing.
- If you live in NSW or ACT, you need to return your bill to your respective state/territory ambulance levy scheme with your HBF member information.
- If you live in TAS or QLD, and are a permanent resident, you are covered under your state-based scheme for ambulance services within your state.
- If you hold a concession card, you may have subsidised ambulance services depending on the state you live in.

HBF won't pay a benefit for:

- Situations where the service is not classified as emergency or urgent and you are not transported to an emergency department, including transport to medical appointments.
- Any transport not provided in an ambulance by road, including air ambulance services.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers.
- Any transport between public hospitals.

## Out-of-pocket costs

There may be an out-of-pocket cost if your provider charges more than the HBF benefit payable for that service. As benefits are only payable up to annual limits, an out-of-pocket cost may also apply if your remaining limit is less than the fee charged.

## Member Plus providers

HBF has a range of Member Plus providers that offer Member Plus benefits to HBF members on eligible health covers. Choosing these 'Member Plus providers' over non-participating providers means you can reduce or avoid out-of-pocket costs. Member Plus benefits apply when the provider charges in accordance with the Member Plus schedule fee, if the provider charges above the schedule fee, you will have a larger out-of-pocket cost. You can find a list of our providers at [hbf.com.au/find-a-provider](http://hbf.com.au/find-a-provider).

**Member Plus dental:** When going to an HBF Member Plus dental provider, you will receive 100% back on your first scale and clean per calendar year and between 75% to 100% benefit depending

on your cover for preventative dental services, subject to your annual limit.

Member plus dental arrangements available in WA, NSW, VIC, QLD and ACT only.

**Member Plus optical:** HBF has a large network of Member Plus optical providers to help members minimise out-of-pocket expenses associated with glasses and contact lenses. These providers offer fully covered glasses from the no-gap range. Additional benefits may include complimentary hard coating on all lenses, four week replacement warranty on frames and discounts on lens add-ons like reflective coating and tinting. Member plus optical arrangements available in all States.

**Member Plus pharmacy:** When going to an HBF Member Plus pharmacy provider, you will receive 100% back on your first health check, a flu vaccination and dose administration aids each calendar year, subject to your Healthy Living Programs annual limit. Member Plus pharmacy arrangements available in all states excluding NT. Please note, some Member Plus pharmacies may not offer all services.

## Healthy Living Programs

Health management services help members manage or improve their health and wellbeing, through early intervention services or programs. These services can change from time to time, for more information go to [hbf.com.au/healthy-living-programs](http://hbf.com.au/healthy-living-programs)

## Definitions

**Annual limit:** The maximum amount of benefits you can receive for a treatment within a calendar year. When you change your level of cover or switch to HBF, any claims you made this calendar year will result in an adjustment of the annual limit you can claim for the remainder of the year.

**Orthodontics lifetime limit:** The total benefit you can receive for Orthodontics treatment in your lifetime. That means, once you've claimed up to your lifetime limit, you won't be able to claim again regardless if you change your cover or leave and re-join us. All benefits that you receive from all health funds count towards your lifetime limit.

**Item/Service limit:** The maximum number of times that you can claim on the same item or service within a specific time period.

**Sub-limit:** The maximum amount of money you can claim on a specific service or item within an overall annual limit.

**Pharmaceuticals (non PBS) co-payment:** The fixed amount you'll pay towards medications approved by HBF, before a benefit can be paid. A benefit is only payable when the cost of the medication exceeds the co-payment amount.

The amount of the co-payment is an amount reasonably determined by HBF. As at 1 January 2023 the co-payment amount is \$42.50.

## Are there any exclusions on benefits?

There are some common situations where HBF won't pay a benefit:

- If you receive treatment that is not included on your cover
- Your premium payments are not up-to-date at the time of treatment
- Your claim is not lodged within two years of the date of service
- If you have not yet received your treatment at the time you claim
- Your treatment is provided outside of Australia
- For goods received directly or indirectly (eg, online ordering through marketplace websites) from providers operating outside of Australia.
- Your claim is covered by worker's compensation, third party or other legal right
- For treatment where incompatible services are received
- For services received more than once in a specified period of time

See the **Membership Guide** for further exclusions.

**Before receiving any treatment, you should contact us or go to [hbf.com.au/myhbf](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.