

Core Extras Cover Summary

Cover for a wide range of services at an affordable price

Features



Cover for a wide range of Extras services including Dental, Optical, Physiotherapy, Chiropractic, Psychology, Counselling and more



\$250 annual limit for Optical



60% back up to annual limits on Preventative Dental at Member Plus Providers¹

As an HBF member you'll:

- ✓ Be part of a not-for-profit health fund that's able to focus on giving more back to members.
- ✓ Be able to check your limits, view usage, update your details and get a benefit quote with myHBF, our member service portal.

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 location near you

Please visit hbf.com.au/find-a-branch

¹ At a Member Plus Provider.

What am I covered for?

This is an overview of Core Extras. Additional information you should know relating to this cover can be found in 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

Inclusions Commonly used service	Waiting Periods	Benefits		Annual limits
Optical				
Frames and prescription lenses	2 months	100%		\$250
Contact lenses				
Dental				
Preventative		Member Plus dental providers	Non-Member Plus dental providers	\$800 Combined annual limit for Preventative, General Restorative and Major Dental and Implants
Oral examination (Item 012)	2 months	60% of schedule fee	\$31	
Dental x-ray (Item 022)			\$23	
Fluoride treatment (Item 121)			\$17	
Scale and Clean – first visit per calendar year (Item 114)		100% of schedule fee	\$63	
Scale and Clean – subsequent visits (Item 114)		60% of schedule fee	\$63 ²	
General Restorative		All dental providers		
Extractions (Item 322)	2 Months	\$144		
Simple fillings (Item 521)		\$76		
Major Dental and Implants		All dental providers		
Crowns veneered (Item 615)	12 months	\$743		
Root canal (Item 417)		\$137		
Dentures (Item 719)		\$800		
Bridges (Item 643)		\$563		
Implants (Item 688)		\$800		
Orthodontics		All dental providers		
Braces (Item 831)	12 months	100%		\$400 (\$1,200 Lifetime Limit)
Therapies				
Chiropractic				\$400 Combined annual limit for Chiropractic, Osteopathy, Physiotherapy and Exercise Physiology
Initial consultations	2 months	\$40		
Subsequent consultations		\$27		
X-ray – 1 per calendar year		\$60		
Osteopathy				
Initial consultations	2 months	\$52		
Subsequent consultations		\$38		
Physiotherapy				
Initial consultations	2 months	\$50		
Subsequent consultations		\$42		
Group consultations		\$15		
Exercise Physiology				
Initial consultations	2 months	\$44		
Subsequent consultations		\$34		
Group consultations		\$7		

² 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 service	Waiting Periods	Benefits	Annual limits
Therapies			
Eye Therapy			\$400 Combined annual limit for Eye Therapy, Occupational Therapy, Podiatry and Speech Therapy
Consultations – up to 30 minutes	2 months	\$38	
Consultations – over 30 minutes		\$52	
Occupational Therapy			
Initial consultations	2 months	\$48	
Subsequent consultations – up to 30 minutes		\$28	
Subsequent consultations – over 30 minutes		\$39	
Group consultations		\$14	
Podiatry			
Initial consultations	2 months	\$33	
Subsequent consultations		Up to \$30	
Foot orthoses including casting (pair)	12 months	Up to \$192	
Diagnostic testing and biochemical evaluation		Up to \$39	
Speech Therapy			
Initial consultations – up to 45 minutes	2 months	\$51	
Initial consultations – over 45 minutes		\$88	
Subsequent consultations – up to 45 minutes		\$39	
Subsequent consultations – over 45 minutes		\$54	
Group consultations		\$28	
Pharmaceuticals (non-PBS)			
Pharmaceuticals approved by HBF	2 months	Up to \$40 per script (after co-payment) ³	\$200
Health Services			
Dietetics and Nutrition			\$400 Combined annual limit for Dietetics and Nutrition, Healthy Living Programs, Natural Therapies, Psychology and Counselling
Initial consultations	2 months	\$54	
Subsequent consultations		\$32	
Dietetics – group consultations		\$18	
Healthy Living Programs			
Flu vaccination – 1 per calendar year	2 months	100% – Only when provided at select Member Plus pharmacies	
Health check – 1 per calendar year			
Dose administration aids		60% to 100%	
Health management services			
Natural Therapies ⁴			
Acupuncture consultations	2 months	\$34	
Remedial massage consultations			
Myotherapy consultations		\$68	
Hypnotherapy consultations		\$18	
Traditional Chinese Medicine consultations			
Psychology			
Individual consultations	2 months	\$79	
Group consultations		\$44	
Clinical Psychology – assessment ⁵		\$84	
Counselling			
Individual consultations	2 months	\$53	
Group consultations		\$32	
Urgent Ambulance			
Urgent Ambulance by road	7 days	100%	2 per person per calendar year

³ Benefits are only payable where the medication satisfies eligibility criteria set by HBF.

⁴ 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).

⁵ 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.

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

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.

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 60% 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.

Non-PBS Pharmaceuticals

HBF pays benefits on a variety of non-PBS medications provided that they are lawfully dispensed, listed on the HBF Pharmaceutical Schedule and meet certain eligibility criteria. The benefit HBF pays may vary depending on the medication, including whether it is pre-manufactured or compounded. Coverage for medication is at HBF's discretion, and certain medications are not eligible for benefits. Contact us to find out whether your medication is covered and what benefits you may be entitled to. For more information on Non-PBS Pharmaceuticals, see the **Membership Guide**.

Specialised Physiotherapy

In addition to general physiotherapy treatment, HBF pays benefits towards specialised physiotherapy such as pelvic floor therapy and treatment for management of lymphedema.

To be eligible for benefits for these treatments, you must serve applicable waiting periods, and the treatment must be provided by an approved specialist provider.

Contact us prior to your treatment to understand benefits you may be able to receive for these treatments under your extras cover.

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.

Lifetime limit: The total benefit you can receive for a specified service (e.g. Orthodontics) in your lifetime. If you change your cover, or transfer from another fund, any lifetime limits that have been used under your previous level of cover will be carried over and considered when determining the lifetime limit available on your policy, even if you leave and re-join.

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 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.