

Flex 50

Cover Summary

Look after your health your way, with 50% or more back on a range of popular services

Features



50% or more back at the provider of your choice



\$800 combined annual limit to use across 12 included services. Sub-limit applies on Natural Therapies



Plus \$200 annual limit for Optical

As an HBF member you'll:

- ✓ Be part of a not-for-profit health fund that focuses 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

What am I covered for?

This is an overview of Flex 50 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.

Inclusions Commonly used services	Waiting periods	Benefits		Annual limits	
Combined limit inclusions					
Chiropractic					
Consultations	2 months	50%		800 Combined annual limit for Chiropractic, Dental (Preventative Dental, General Restorative Dental, Major Dental and Implants), Dietetics and Nutrition, Exercise Physiology, Healthy Living Programs, Natural Therapies, Osteopathy, Pharmaceuticals (non-PBS), Physiotherapy and Psychology	
X-ray – 1 per calendar year					
Preventative Dental		Member Plus dental providers	Non-Member Plus dental providers		
Scale and clean – first visit per calendar year (Item 114)	2 months	100%	50%		
Scale and clean – subsequent visits (Item 114)		75%			
Oral examination (Item 012)					
Dental x-ray (Item 022)					
Fluoride treatment (Item 121)					
General Restorative Dental		All dental providers			
Extractions (Item 322)	2 months	50%			
Simple fillings (Item 521)					
Major Dental and Implants		All dental providers			
Crowns veneered (Item 615)	12 months	50%			
Root canal (Item 417)					
Bridges (Item 643)					
Dentures (Item 719)					
Implants (Item 688)					
Dietetics and Nutrition					
Consultations	2 months	50%			
Exercise Physiology					
Consultations	2 months	50%			
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					
Health management services		100%			
Natural Therapies ¹					
Acupuncture consultations	2 months	50%			
Hypnotherapy consultations					
Myotherapy consultations					
Remedial massage consultations					
Traditional Chinese Medicine consultations					
Continues through to page 3					

¹ 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).

Inclusions Commonly used services	Waiting periods	Benefits	Annual limits
Osteopathy			Continues from page 2
Consultations	2 months	50%	\$800
Pharmaceuticals (non-PBS)			Combined annual limit for Chiropractic, Dental (Preventative Dental, General Restorative Dental, Major Dental and Implants), Dietetics and Nutrition, Exercise Physiology, Healthy Living Programs, Natural Therapies, Osteopathy, Pharmaceuticals (non-PBS), Physiotherapy and Psychology
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment ²	
Physiotherapy			
Consultations	2 months	50%	
Psychology ³			
Consultations	2 months	50%	Sub-limit of \$200 on Natural Therapies
Optical			
Frames and prescription lenses	2 months	100%	\$200
Contact lenses			
Urgent Ambulance			
Urgent ambulance (by road)	7 Days	100%	No limit

² The benefit may vary depending on the medication. Benefits are only payable where the medication satisfies the eligibility criteria set by HBF.

³ Providers of Clinical Psychology 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 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 Program 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**.

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.

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.