Flex 60
Cover Summary

Look after your health your way, with 60% or more back on a range of popular services

Features

60% or more back at the provider of your choice

$1,000 combined annual limit to use across 12 included services. Sub-limit applies on Natural Therapies

Plus $220 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

This cover is changing on 1 January 2027 - refer to the next page.

What am I covered for?

This is an overview of Flex 60 extras. This product sheet must be read in conjunction with the Membership Guide available at hbf.com.au/membership-guide

Important information about upcoming changes to Flex 60 extras

We will be making changes to Preventative, General Restorative, Major Dental and Implants dental services on this product, effective 1 January 2027.

What's changing?

- Benefits for some dental services are changing.
- We are expanding our Member Plus network by introducing a new tier of providers called Member Plus Premium.
- We are expanding our agreed fee schedule to include Preventative, General Restorative, Major Dental and Implants dental services at providers in our network.
- We are expanding the range of no gap services at providers in our network.

Refer to the table below which includes examples of some commonly used services and how they are impacted by the upcoming changes.

What's not changing

Annual limits, waiting periods and non-dental services included on this cover, for example, Physiotherapy, Chiropractic, or Optical.

For more information on these dental changes, visit the Dental Changes page at hbf.com.au/dentalchanges in the first instance. If you need further details, please call us on 133 423 or chat with us online.

The following services included on this cover are changing

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.

		Current benefits			New benefits effective 1 January 2027		
Commonly used services	**Waiting periods**	**Benefits**		**Annual limits**	**Benefits**		**Annual limits**
Combined limit inclusions							
Preventative		Member Plus	Non-Member Plus		Member Plus Premium and Member Plus	Non-Member Plus	
Scale and clean (Item 114)	2 months	75% of the schedule fee, unless no gap offer applies	60%	$1,000 Combined annual limit for Chiropractic, Dental (Preventative, General Restorative, Major Dental and Implants), Dietetics and Nutrition, Exercise Physiology, Healthy Living Programs, Natural Therapies, Osteopathy, Pharmaceuticals (non-PBS), Physiotherapy, Psychology and Counselling Sub-limit of $250 on Natural Therapies	60% of the schedule fee, unless no gap offers apply	60%	$1,000 Combined annual limit for Chiropractic, Dental (Preventative, General Restorative, Major Dental and Implants), Dietetics and Nutrition, Exercise Physiology, Healthy Living Programs, Natural Therapies, Osteopathy, Pharmaceuticals (non-PBS), Physiotherapy, Psychology and Counselling Sub-limit of $250 on Natural Therapies
Oral examination (Item 012)							
Dental x-ray (Item 022)							
Fluoride treatment (Item 121)							
General Restorative		Member Plus	Non-Member Plus		Member Plus Premium and Member Plus	Non-Member Plus	
Extractions (Item 322)	2 months	60%	60%		60% of the schedule fee, unless no gap offers apply	60%	
Simple fillings (Item 521)							
Major Dental & Implants		Member Plus	Non-Member Plus		Member Plus Premium and Member Plus	Non-Member Plus	
Crowns veneered (Item 615)	12 months	60%	60%		60% of the schedule fee	60%	
Root canal (Item 417)							
Dentures (Item 719)							
Bridges (Item 643)							
Implants (Item 688)							

The following services included on this cover are not changing

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			$1,000 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, Psychology and Counselling Sub-limit of $250 on Natural Therapies
Consultations	2 months	60%	
X-ray – 1 per calendar year			
Dietetics and Nutrition			
Consultations	2 months	60%	
Exercise Physiology			
Consultations	2 months	60%	
Healthy Living Programs			
Flu vaccination – 1 per calendar year[1]	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[2]			
Acupuncture, Alexander Technique, Hypnotherapy, Myotherapy, Naturopathy, Remedial massage, Shiatsu, Traditional Chinese Medicine and Western Herbal Medicine consultations	2 months	60%	
Pilates and Yoga – Individual sessions			
Alexander Technique, Pilates, Tai Chi and Yoga - Group sessions			
Osteopathy			
Consultations	2 months	60%	
Pharmaceuticals (non-PBS)			
Pharmaceuticals approved by HBF	2 months	Up to 100% less member co-payment[3]	
Physiotherapy			
Consultations	2 months	60%	
Psychology			
Consultations	2 months	60%	
Counselling			
Consultations	2 months	60%	
Optical			
Frames and prescription lenses	2 months	100%	$220
Contact lenses			
Urgent Ambulance			
Urgent ambulance (by road)	7 Days	100%	No limit

[1] Standard egg-based flu vaccination injection is fully covered when provided by an approved participating provider. Non-standard flu vaccination, including intranasal flu vaccination, are payable up to the applicable benefit under your cover and out-of-pocket costs may apply.
[2] 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).
[3] The benefit may vary depending on the medication. Benefits are only payable where the medication satisfies the eligibility criteria set by HBF.

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 50% 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.

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