

Smart Start Extras

Cover Summary

Budget-friendly cover for General Restorative Dental, Optical and other services

Features



Affordable cover for commonly used services, including Natural Therapies



100% up to annual limits for Optical



50% back on Preventative Dental up to annual limits at Member Plus Providers

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 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 Smart Start 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 annual limits and only for services and programs approved by HBF and delivered by providers that are approved by HBF. Annual Limits, including any per person or per policy limits, apply 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%		\$120 per person	
Contact lenses				\$240 per policy	
Dental					
Preventative		Member Plus dental providers	Non-Member Plus dental providers		
Oral examination (Item 012)	2 months	50% of schedule fee	\$24	\$350 per person \$700 per policy Combined annual limit for Preventative Dental, and General Restorative Dental	
Dental x-ray (Item 022)			\$18		
Fluoride treatment (Item 121)			\$13		
Scale and clean – first visit per calendar year (Item 114)		100% of schedule fee	\$49		
Scale and clean – subsequent visits (Item 114)		50% of schedule fee	\$49 ¹		
General Restorative		All dental providers			
Extractions (Item 322)	2 months	\$112			
Simple fillings (Item 521)		\$59			
Therapies					
Chiropractic					
Initial consultations	2 months	\$35		\$200 per person \$400 per policy Combined annual limit for Chiropractic, Osteopathy, and Physiotherapy	
Subsequent consultations		\$23			
X-ray – 1 per calendar year		\$53			
Osteopathy					
Initial consultations	2 months	\$46			
Subsequent consultations		\$33			
Physiotherapy					
Initial consultations	2 months	\$39			
Subsequent consultations		\$33			
Group consultations		\$12			
Health Services					
Healthy Living Programs					
Flu vaccination – 1 per calendar year	2 months	100% – Only when provided at select Member Plus pharmacies		\$100 per person \$200 per policy Combined annual limit for Healthy Living Programs, and Natural Therapies	
Health check – 1 per calendar year					
Dose administration aids					
Health management services		50% to 100%			
Natural Therapies ²					
Acupuncture consultations	2 months	\$29			
Remedial massage consultations					
Myotherapy consultations					
Hypnotherapy consultations		\$59			
Traditional Chinese Medicine consultations		\$15			
Urgent Ambulance					
Urgent Ambulance by road	7 days	100%		2 per person per calendar year	

¹ 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.

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).

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 the remaining limits are 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 annual limits.

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 the Healthy Living Programs annual limits.

Member Plus pharmacy arrangements available in all states excluding NT. Please note, some Member Plus pharmacies may not offer all services.

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 that can be claimed on a covered service within the calendar year, and may be subject to other limits. 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. For Smart Start Extras, per policy limits apply, unless otherwise stated.

Per Policy limit: The maximum combined benefits that can be claimed on a covered service by all members on the policy within a calendar year, subject to per person limits.

Per Person limits: The maximum amount of benefits that can be claimed on a covered service by any one member on the policy within a calendar year, up to the policy limit.

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

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.

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 may contact us for a health benefit quote so you know what you are covered for and the benefits you'll receive.

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.