

# Dental Saver 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 Dental Saver. 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 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
Dental				
Preventative		Member Plus dental providers <sup>1</sup>	Non-Member Plus dental providers	\$400
Oral examination (Item 012)	2 months	75% of schedule fee	\$37	
Dental x-ray (Item 022)			\$30	
Fluoride treatment (Item 121)			\$18	
Scale and clean – first visit per calendar year (Item 114)		100% of schedule fee	\$73	
Scale and clean – subsequent visit (Item 114)		75% of schedule fee	\$73 <sup>2</sup>	
General Restorative		All dental providers		
Extractions (Item 322)	2 months	\$81		
Simple fillings (Item 521)		\$54		
Urgent Ambulance				
Urgent Ambulance by road	7 days	100%		No limit

<sup>1</sup> Member Plus dental arrangements available in WA, NSW, VIC, QLD, and ACT only. To find a provider, go to [hbf.com.au/find-a-provider](http://hbf.com.au/find-a-provider)

<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.

# 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.

## 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.

## 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.