

## Private Health Information Statement - General treatment policy

### Special Options

#### Health Insurance Fund of Australia Limited

<http://www.hif.com.au>

[hello@hif.com.au](mailto:hello@hif.com.au)

1300 134 060

#### Monthly Premium

**\$127.80 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)  
Available in Northern Territory

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

### General Treatment Cover

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See [www.hif.com.au/choice-network](http://www.hif.com.au/choice-network)

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Optical benefit paid on frames and prescription optical items. The limits detailed below are subject to a combined overall person limit of \$450 (\$900 per couple or family membership) for complementary therapies, chiro, osteo, physio and podiatry consultations. Our Complementary Therapies sub-limit \$200 per person (\$400 per couple or family membership) includes: acupuncture, myotherapy, remedial massage and traditional Chinese medicine. Treatment must be provided by a practitioner who is registered with HIF in the speciality for which the charge is raised. Benefits are not payable on medicines.*

| Treatment                             | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                  | Examples of maximum benefits                                                                    |
|---------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| General dental                        | 2                       | \$1,000 per person<br>(combined limit for general dental, major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> )                                            | Periodic oral examination - \$54.35<br>Scale & clean - \$110.35<br>Fluoride treatment - \$33.20 |
| Major dental                          | 12                      |                                                                                                                                                                                         | Surgical tooth extraction - \$104.15<br>Full crown veneered - \$684.65                          |
| Endodontic                            | 2                       |                                                                                                                                                                                         | Filling of one root canal - \$113.80                                                            |
| Orthodontic                           | 12                      |                                                                                                                                                                                         | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,000.00         |
| Optical*                              | 2                       | \$200 per person                                                                                                                                                                        | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Non PBS pharmaceuticals               | 2                       | \$200 per person                                                                                                                                                                        | Per eligible prescription - \$80.00                                                             |
| Physiotherapy*                        | 2                       | \$450 per person<br>(combined limit for physiotherapy, chiropractic, podiatry, acupuncture, remedial massage, chinese medicine, osteopathy & other services - <b>Sub-limits apply</b> ) | Initial visit - \$35.00<br>Subsequent visit - \$35.00                                           |
| Chiropractic*                         | 2                       |                                                                                                                                                                                         | Initial visit - \$27.50<br>Subsequent visit - \$27.50                                           |
| Podiatry*                             | 2                       |                                                                                                                                                                                         | Initial visit - \$32.00<br>Subsequent visit - \$23.00                                           |
| Acupuncture*                          | 2                       |                                                                                                                                                                                         | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                           |
| Remedial massage*                     | 2                       |                                                                                                                                                                                         | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                           |
| Chinese medicine*                     | 2                       |                                                                                                                                                                                         | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                           |
| Dietetics/dietary advice              | 2                       | \$252 per person                                                                                                                                                                        | Initial visit - \$36.00<br>Subsequent visit - \$18.00                                           |
| Health management / Healthy lifestyle | 2                       | \$75 per person                                                                                                                                                                         | Health management - \$75.00                                                                     |

|             |   |                                    |                                                       |
|-------------|---|------------------------------------|-------------------------------------------------------|
| Osteopathy* | 2 | Combined limit - see Physiotherapy | Initial visit - \$27.50<br>Subsequent visit - \$27.50 |
|-------------|---|------------------------------------|-------------------------------------------------------|

A 12 month waiting period applies to dental items: 322-324, 331, 595, and 596. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply. Pharmacy benefit paid after deduction of the PBS co-payment at 100% up to \$80 per script. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only. Like most Extras health covers, there are annual limits (a limit on how much we will pay toward your claims) for most services under Special Options. However, your benefit limits will be refreshed every year on January 1. What's more, we'll increase your annual limits on a number of services. For example, benefits and annual limits for major dental services increase each year for the first five years of membership.

This policy **X does not include** General treatment (Extras) cover for

|                                 |                                                     |
|---------------------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Psychology                                 |
| <b>X</b> Hearing aids           | <b>X</b> Other treatments - check with your insurer |

#### Other features of this general treatment cover

Special Options includes all those essential services like dental, optical, podiatry, chiro, pharmacy, physio, ambulance and more. It's a step up from Saver Options, covering those more complex 'major' dental services like orthodontics, crowns and bridges. It also offers bigger benefits for services like optical, chiro and physio.

For further information about this policy see

<https://www.hif.com.au/specialoptions-factsheet>

## Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 30 days.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

#### Other features of this ambulance cover

There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see

<https://www.hif.com.au/ambulance>

#### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.