

## Private Health Information Statement - General treatment policy

### Top Extras

#### 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

**\$241.50<sup>#</sup>**

(before any rebate or insurer discount)

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

<sup>#</sup> 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. 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. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                       | Examples of maximum benefits                                                                                                            |
|--------------------------|-------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| General dental           | 2                       | No annual limit                                                                              | Periodic oral examination - \$54.35<br>Scale & clean - \$110.35<br>Fluoride treatment - \$33.20<br>Surgical tooth extraction - \$165.15 |
| Major dental*            | 12                      | \$1,500 per person<br>(combined limit for major dental & endodontic)                         | Full crown veneered - \$911.85                                                                                                          |
| Endodontic               | 12                      |                                                                                              | Filling of one root canal - \$155.00                                                                                                    |
| Orthodontic              | 12                      | \$1,000 per person<br>\$2,500 lifetime limit                                                 | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                             |
| Optical*                 | 2                       | \$300 per person                                                                             | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                          |
| Non PBS pharmaceuticals* | 2                       | \$400 per person<br>(combined limit for non pbs pharmaceuticals & other services)            | Per eligible prescription - \$80.00                                                                                                     |
| Physiotherapy            | 2                       | \$750 per person<br>(combined limit for physiotherapy, exercise physiology & other services) | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                                                                   |
| Chiropractic             | 2                       | \$550 per person<br>(combined limit for chiropractic & osteopathy)                           | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                   |
| Podiatry                 | 2                       | \$400 per person                                                                             | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                   |
| Psychology               | 2                       | \$700 per person                                                                             | Initial visit - \$90.00<br>Subsequent visit - \$90.00                                                                                   |
| Acupuncture              | 2                       | \$500 per person<br>(combined limit for acupuncture, remedial massage & chinese medicine)    | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                   |
| Remedial massage         | 2                       |                                                                                              | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                   |
| Hearing aids             | 12                      | \$1,000 per person<br>1 appliance(s) every 3 years                                           | Hearing aid - 100% of charge                                                                                                            |

|                                       |    |                                                                                                                  |                                                         |
|---------------------------------------|----|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Blood glucose monitors                | 12 | \$200 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services) | Per monitor - 75% of charge                             |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                 | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Dietetics/dietary advice              | 2  | \$400 per person                                                                                                 | Initial visit - \$45.00<br>Subsequent visit - \$45.00   |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                               | Initial visit - \$35.00<br>Subsequent visit - \$35.00   |
| Eye therapy (orthoptics)              | 2  | \$600 per person<br>(combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)         | Initial visit - \$45.00<br>Subsequent visit - \$45.00   |
| Health management / Healthy lifestyle | 2  | \$150 per person                                                                                                 | Health management - 100% of charge                      |
| Home nursing                          | 2  | \$500 per person                                                                                                 | Initial visit - \$100.00<br>Subsequent visit - \$100.00 |
| Occupational therapy                  | 2  | Combined limit - see Eye therapy (orthoptics)                                                                    | Initial visit - \$45.00<br>Subsequent visit - \$45.00   |
| Orthotics (podiatric orthoses)        | 12 | \$250 per person                                                                                                 | Orthotics supply & fit - 75% of charge                  |
| Osteopathy                            | 2  | Combined limit - see Chiropractic                                                                                | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Speech therapy                        | 2  | Combined limit - see Eye therapy (orthoptics)                                                                    | Initial visit - \$65.00<br>Subsequent visit - \$65.00   |

Our Complementary Therapies 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. A 12 month waiting period applies to IVF drugs. Other items covered: Asthmatic spacers, Diabetes Education, External Prosthesis, Humidifier/ Nebuliser and a Peak Flow Meter.

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

**✗** Other treatments - check with your insurer

### Other features of this general treatment cover

Top Extras is our top-level Extras cover. It includes larger benefits and higher limits and provides coverage for over 20 services such as Dental, Physio, Chiro, Podiatry, Complementary Therapies, Pharmacy, Psychology and more.

For further information about this policy see

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

## 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.