

## Covers most common services including dental, optical, physio and podiatry.

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.

*This is an overview of Standard Extras. Membership guide available at [hbf.com.au/membership-guide](http://hbf.com.au/membership-guide), in a branch or via 133 423.*

### Important information about your HBF cover

From 1 January 2019 your product will receive changes to benefits and annual limits impacting the amount you claim. Please review the comparison table carefully to ensure that this product meets your needs.

#### Some services will be removed or have limits and/or benefits reduced

- ✗ Our "No-Gap for Kids' Preventative Dental" program will be removed.
- ➔ Implants will now be included in the Major Dental category.
- ↓ Annual limits will be reduced for Major Dental.
- ↓ Annual limits will be reduced for Physiotherapy.
- ↓ Annual limits will be introduced for General Restorative Dental, like fillings.
- ↓ A lifetime limit will be introduced for Orthodontics.
- ↓ Benefits will be reduced for the following dental services at Member Plus dentists:
  - General Restorative Dental
  - Major Dental
  - Implants
  - Orthodontics

#### Some services will have higher annual limits or benefits

- ✓ Benefits will increase for most Chiropractic and Physiotherapy services, such as consultations.
- ✓ Benefits and annual limits will be simplified and waiting periods reduced for hearing aids.
- ✓ Benefits will increase for Preventative Dental services at Member Plus dentists.
- ✓ Benefits will increase for some common services, such as check-ups and fillings at Non-Member Plus dentists.

#### We are introducing a new Dental Arrangement

- ✓ Our new Member Plus Dental Arrangement will deliver more choice of dentists and better Preventative Dental benefits.
- ✓ From now on, you will get the same amount of money back when you claim regardless of whether you see a Member Plus or Non-Member Plus dentist.\*
- ✓ The advantage in seeing a Member Plus dentist is that you will know the amount you need to pay out of your own pocket on Preventative Dental treatments. You will also receive a fully covered annual scale and clean.

\*A member will receive one fully covered scale and clean per calendar year only at a Member Plus dentist.

Benefits only payable for services and programs delivered by providers that are approved by HBF. There is a limit of 1 initial consultation per service, per calendar year.

Commonly used services	Standard Extras Current			Standard Extras As at 1 January 2019			What is the change?	
	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year		
<b>Appliances<sup>1</sup></b>			Length of Cover Amount			Length of Cover Amount		
Blood glucose monitor – 1 pp per 3 calendar years	1 – 2 years depending on appliance	\$200	One appliance per 3 years	12 months	\$200	One appliance per 3 years	Waiting period set to 12 months for CPAP, blood glucose monitors, nebulisers and tinnitus maskers.	
Nebuliser – 1 pp per 3 calendar years		\$108	One appliance per 3 years		\$108	One appliance per 3 years		
<b>Chiropractic</b>								
Initial consultation	2 months	\$22	Up to 1 year \$350 1 – 2 years \$400 2 – 3 years \$450 Over 3 years \$500	2 months	\$39	Up to 1 year \$350 1 – 2 years \$400 2 – 3 years \$450 Over 3 years \$500	Increased Chiropractic benefits.	
Subsequent consultation		\$17	Combined annual limits for Chiropractic and Osteopathy		\$32	Combined annual limits for Chiropractic and Osteopathy		
<b>Clinical Psychology<sup>2</sup></b>								
Assessment	2 months	\$79	\$720	2 months	\$79	\$720	No change.	
Treatment/management		\$44			\$44			
Group treatment		\$22			\$22			
<b>Dental<sup>3</sup></b>								
<b>General</b>								
Consultation/examinations	2 months	60%	Up to \$45	2 months	75%	Up to \$86	No limit	'No-Gap for Kids' Preventative Dental program removed. Limits added to General Restorative dental. Benefits changed on General Restorative treatment from a percentage of the fee to a set benefit amount at a Member Plus dentist. Increased benefits on a range of dental services.
Extractions			Up to \$99		Up to \$160			
Fillings – direct			From \$39		From \$48	Up to 3 years \$600 3 – 5 years \$800 5+ years \$1200		
<b>Major</b>								
Crowns (3 units of crowns/bridges per year <sup>5/6</sup> )	12 months	60%	Up to \$408	12 months	\$625	Up to 3 years \$800 3 – 5 years \$1000 5 – 10 years \$1800 2 complete implants pp per 2 years	Decreased limit. Inclusion of Implants into the Major Dental category. Benefits changed from a percentage of the fee to a set benefit amount at a Member Plus dentist. Increased benefits on a range of dental services at a non-Member Plus dentist.	
Bridges (3 units of crowns/bridges per year <sup>5/6</sup> )			Up to \$324		Up to \$460			
Full dentures			Up to \$490		Up to \$650			
Implants	NA				Up to \$878			
<b>Dental Implants and Orthodontics</b>								
Orthodontics (partial arch banding)	12 months	60%	Up to \$925	12 months	Up to \$925	Up to 3 years \$500 3 – 5 years \$800 5 – 10 years \$1600 Over 10 years \$1850	Introduction of a lifetime limit. Benefits changed from a percentage of the fee to a set benefit amount at Member Plus dentist. Removal of Implants.	
Orthodontics (full arch banding)			Up to \$1850		Up to \$1850	Lifetime limit of \$1850		
Implants			Up to \$516		2 complete Implants pp per 2 years	NA		

<sup>1</sup> Charges for most non-surgically implanted appliances must be at least \$100. <sup>2</sup> Provider must be registered with the relevant national board with an endorsement of Clinical Psychology, and approved by HBF. <sup>3</sup> The benefit we pay on some dental items may be restricted if performed in conjunction with other specific dental services, or if a service is received more than once in a specified period of time. <sup>4</sup> Member Plus dentist arrangements only applicable in WA. <sup>5</sup> Sub-limits included in overall annual limits. <sup>6</sup> Crowns associated with Implants limited to 2 per 2 years.

Commonly used services	Standard Extras Current			Standard Extras As at 1 January 2019			What is the change?
	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year	
<b>Dietetics</b>			Length of Cover Amount			Length of Cover Amount	
Initial consultation	2 months	\$33	\$240	2 months	\$33	\$240	No change.
Subsequent consultation		\$17			\$17		
<b>Eye Therapy</b>							
Consultation – up to 30 mins	2 months	\$22	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	2 months	\$22	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	No change.
Consultation – over 30 mins		\$42			\$42		
<b>Healthy Living Programs<sup>7</sup></b>							
Health check	2 months	One fully covered health check when provided at selected Friendlies and Member Plus <sup>8</sup> pharmacies	One health check	2 months	One fully covered health check when provided at selected Friendlies and Member Plus <sup>8</sup> pharmacies	One health check	No change.
Flu vaccinations		100% when provided at selected Friendlies and Member Plus <sup>8</sup> pharmacies	Up to 3 years \$200 Over 3 years \$300 \$150 sub-limit applies for Weight Management, Health Education and Living Longer Living Stronger programs		100% when provided at selected Friendlies and Member Plus <sup>8</sup> pharmacies		
Dose administration aids		100% when provided at selected Friendlies pharmacies			100% when provided at selected Friendlies pharmacies		
Health Education programs		100%			100%		
Living Longer Living Stronger initial consultation		\$27			\$27		
Quit Smoking, Friendlies Health, Weight Management and Diabetes Swimming programs		60%			60%		
<b>Hearing Aid</b>							
Hearing Aid	36 months	3 – 5 years \$550 5 – 10 years \$600 Over 10 years \$650	One pp per 5 years up to 15 years One pp per 3 years over 15 years	12 months	100%	1 – 2 years \$500 2 – 3 years \$600 3 – 4 years \$800 Over 4 years \$1000 Annual limits can only be claimed every 3 years	Increased benefits and annual limits and reduced waiting period to 12 months.
<b>Occupational Therapy</b>							
Initial consultation	2 months	\$36	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	2 months	\$36	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	No change.
Subsequent consultation – less than 30 mins		\$20			\$20		
Subsequent consultation – more than 30 mins		\$32			\$32		
Group consultation		\$8			\$8		
<b>Optical – Glasses<sup>9</sup></b>							
A minimum of 30% of all frames will be fully covered when the glasses are purchased from any HBF Member Plus optical store and the frames are fitted with hard coated or uncoated standard single vision, bi-focal or multi-focal/progressive lenses. For partially covered glasses purchased at an HBF Member Plus optical store (including add-ons) a discount in addition to your HBF benefit may be applied.							
Frames and single vision lenses	2 months	\$120	1 pair of glasses when purchasing frames with lenses up to \$120 for single vision lenses, or \$160 for bi-focal or multi focal lenses. \$120 sub-limit for frames when purchased without lenses	2 months	\$120	1 pair of glasses when purchasing frames with lenses up to \$120 for single vision lenses, or \$160 for bi-focal or multi focal lenses. \$120 sub-limit for frames when purchased without lenses	No change.
Frames and bi-focal or multi-focal lenses		\$160			\$160		

<sup>7</sup> For HBF approved programs only. <sup>8</sup> Only applicable in states outside of WA. <sup>9</sup> Not all lens prescriptions and supplementary services may be eligible to be charged at no cost.

Commonly used services	Standard Extras Current			Standard Extras As at 1 January 2019			What is the change?
	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year	Waiting periods	Benefits (up to annual limits)	Annual limits per person (pp) per calendar year	
<b>Optical – Contact Lenses</b>			Length of Cover Amount			Length of Cover Amount	
Spherical rigid or soft contact lenses	2 months	\$127	1 pair of contacts or up to \$140 for frequent replacement/disposable lenses per year	2 months	\$127	1 pair of contacts or up to \$140 for frequent replacement/disposable lenses per year	No change.
Toric – rigid or soft lenses		\$178			\$178		
Frequent replacement/disposable contact lenses		Up to \$140			Up to \$140		
Bi-focal/progressive lenses		\$204			\$204		
<b>Osteopathy</b>							
Initial consultation	2 months	\$22	Up to 1 year \$350 1 – 2 years \$400 2 – 3 years \$450 Over 3 years \$500	2 months	\$22	Up to 1 year \$350 1 – 2 years \$400 2 – 3 years \$450 Over 3 years \$500	No change.
Subsequent consultation		\$17	Combined annual limits for Chiropractic and Osteopathy		\$17	Combined annual limits for Chiropractic and Osteopathy	
<b>Pharmacy</b>							
For pharmaceuticals listed on the HBF Pharmacy Schedule	2 months	Cost of medicine less member co-payment <sup>10</sup>	Up to 3 years \$200 Over 3 years \$300	2 months	Cost of medicine less member co-payment <sup>10</sup>	Up to 3 years \$200 Over 3 years \$300	No change.
<b>Physiotherapy</b>							
Initial consultation	2 months	\$27	Up to 1 year \$500 1 – 2 years \$600 2 – 3 years \$700 Over 3 years \$800	2 months	\$39	Up to 1 year \$350 1 – 2 years \$400 2 – 3 years \$450 Over 3 years \$500	Reduced limits and increased benefits.
Subsequent consultation		\$21			\$32		
<b>Podiatry</b>							
Initial consultation (clinic based)	2 months	\$26	10 consultations	2 months	\$26	10 consultations	No change.
Brief consultation (clinic based)		\$14			\$14		
Intermediate consultation (clinic based)		\$20			\$20		
Comprehensive consultation (clinic based)		\$24			\$24		
Foot Orthoses – including casting <sup>11</sup>	12 months	Up to \$240	\$240 per year	12 months	Up to \$240	\$240 per year	
Diagnostic testing and biomechanical evaluation <sup>11</sup>		Up to \$60	\$60 per year		Up to \$60	\$60 per year	
<b>Speech Therapy</b>							
Initial consultation – up to 45 mins	2 months	\$59	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	2 months	\$59	Up to 3 years \$500 Over 3 years \$800 Combined annual limits for Occupational Therapy, Eye Therapy and Speech Therapy	No change.
Initial consultation – 45 to 90 mins		\$74			\$74		
Subsequent consultation – up to 45 mins		\$32			\$32		
Subsequent consultation – 45 to 90 mins		\$44			\$44		
Group consultation		\$8			\$8		
<b>Urgent Ambulance<sup>12</sup></b>							
Urgent Ambulance (by road)	7 days	Cover for urgent ambulance transport	No limit	7 days	Cover for urgent ambulance transport	No limit	No change.

<sup>10</sup> This may vary depending on the medication. <sup>11</sup> Foot Orthoses must be medically necessary and custom-made from one of the following providers approved by HBF: Podiatrist, Orthotist, Pedorthist or Surgical Bootmaker. For some Foot Orthoses, HBF will only pay a benefit when provided by an approved Podiatrist or Orthotist. <sup>12</sup> HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent.

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.