

Extras Cover

Basic Extras



Basic Extras is our entry-level cover, providing 50% or more back on commonly used services such as General Dental, Optical, Physio, Chiro, Osteo and Emergency Ambulance.

This is an overview of all the services included on Basic Extras. This product fact sheet must be read with our Health Cover Guide (hif.com.au/guide).

50%

50% or more back
up to your annual limits.



Optical² –
Annual limit of
\$150 per person
and \$300 per policy.



Emergency Ambulance³
– 100% cover for one
emergency ambulance service
per person per calendar year.

Service	Benefit	Annual limit	Waiting period
General Dental ¹			
Oral Examination (012)			
Dental x-ray (022)			
Scale and clean (114)	50%	\$400 per person	2 months
Fluoride treatment (121)		\$800 per policy	
Surgical tooth extraction (322)			
Filling/tooth restoration (531)			
Optical			
Frames, prescription lenses and contact lenses ²	100%	\$150 per person \$300 per policy	2 months

¹ Limits apply to the number of times some items (such as bleaching) attract a benefit. You may also not be able to claim benefits for services performed with another item in the same course of treatment.

² Benefits are payable on prescription optical items.

³ Not covered:

- Transportation from a hospital to your home, nursing home or other hospital.
- Transportation for ongoing medical treatment.
- Off road or air ambulance (e.g. plane, helicopter or boat).

Service	Benefit	Annual limit	Waiting period
Physiotherapy			
Individual consultation	50%		
Group, hydrotherapy, antenatal			
Chiropractic		\$300 per person \$600 per policy	2 months
Consultations	50%		
X-ray			
Osteopathy			
Consultations	50%		
Ambulance ³			
Emergency Ambulance	100%	1 per person	1 day

How to make an Extras claim

With HIF, making an Extras claim is easy! In fact, the toughest bit is choosing from our host of convenient ways to make your claim:

1. Claim on the spot with most providers simply by swiping your HIF Member card through their HICAPS eClaiming terminal
2. Claim online through our 24/7 Member Centre
3. Claim on your mobile with our HIF Member App, available for Apple and Android devices
4. Claim by email – simply send copies of your signed claim form and receipts to **claims@hif.com.au**
5. Claim by posting your documents to:
HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847.

In any case, it's quick and easy and you'll have your benefit paid in no time. To find out more and download a claim form, visit **hif.com.au/claim**

Please note:

* Benefits are payable by HIF only for services and programs delivered by registered providers that are approved by HIF.

* Benefits are paid by item number limits up to sub-limits/calendar limits. Call us on 1300 134 060 prior to treatment to confirm your benefits payable.

Understanding annual limits

Like most Extras health covers, there are annual limits (a limit on how much we will pay towards your claims) for most services under Basic Extras. These annual limits reset to the full amount on January 1 each year.

Please note: Benefits are payable up to your annual limit. Annual limits are per person per calendar year unless otherwise stated.

What are waiting periods?

All health funds have to apply waiting periods. It's the only way we can protect our community of loyal Members from people who would otherwise join our fund to claim large amounts, then leave.

That said, we try to keep waiting periods to a minimum. That's why, if you switch to us from another health fund, we'll honour any waiting periods already served with your previous insurer on an equivalent level of cover.



Got a question?

Visit our handy online knowledge base at **hif.com.au/help**