

Extras Cover Special Options



Special Options includes all those essential services like dental, podiatry, healthy lifestyle services, complementary therapies, 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.

Read on for a detailed overview of all the services included on Special Options. You'll also find more general information on our health insurance products, inclusions and limits on HIF Extras cover in our Health Cover Guide (hif.com.au/guide).

Are you covered for ambulance services?

Absolutely. And there's no limit to the number of emergency ambulance services you use.

If you're taken to a hospital emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-urgent ambulance service, a \$50 co-payment per trip will apply.

That's great value when you consider Medicare doesn't cover urgent ambulance transport, which can often cost over \$900!

Some ambulance services aren't covered though, while in other circumstances some state governments provide subsidies for ambulance assistance. Check out our Health Cover Guide for full details.

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 Special Options. These annual limits reset to the full amount on January 1 each year.



Got a question?

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

Phone **1300 134 060** Visit hif.com.au/extras

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. You'll find all our Extras waiting periods in the following benefit table.

Service	Benefit	Limit/person	Limit/policy	Waiting period
Ambulance¹	Emergency: 100% covered ² Non-emergency: \$50 co-payment per trip	No limit	No limit	1 day 30 days
Chiropractic	\$27.50 per visit up to a max. 10 visits \$70 X-ray (max 1 per year) <i>Benefits are paid for spinal manipulation or spinal adjustments carried out by a registered chiropractor approved by HIF.</i>	\$450/year	\$900/year <i>The limits detailed above are subject to a combined overall person limit of \$450 and membership limit of \$900 for complementary therapies, chiro, osteo, physio and podiatry consultations.</i>	2 months
Complementary Therapies <i>Services include acupuncture, myotherapy, remedial massage, and traditional Chinese medicine</i>	\$25 per visit <i>The 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.</i>	\$200/year	\$400/year	2 months
Dental	General Dental: Covered Major Dental: Covered	Please see the annual limits tables on pages 4 & 5 for more details on limits and waiting periods.		General Dental: Refer to page 5 Major Dental: Refer to page 5
Dietetics	\$36 first visit \$18 subsequent visits \$10 group <i>Benefits are paid on consultations carried out by a registered dietitian approved by HIF.</i>	\$252/year	No limit	2 months
Healthy Lifestyle³	<i>Benefits are payable for HIF approved programs delivered by registered providers only. Please contact us prior to commencing program to check eligibility.</i>	\$75/year	\$150/year	2 months

¹ 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).

² Each state and territory of Australia has different ambulance arrangements. It's important to understand that in the unfortunate event you require emergency ambulance transport, Medicare won't cover the cost. However, some state governments subsidise ambulance services, and some pensioners and low income earners may also be entitled to free ambulance assistance. Please refer to our Health Cover Guide for more info on these state schemes or contact us for further details.

³ Services include gym memberships, exercise physiology, health assessments, weight management programs, quit smoking plans and skin cancer screenings.

Service	Benefit	Limit/person	Limit/policy	Waiting period
Optical Did you know... HIF members get bonus discounts of up to 25% from a range of optical stores. Visit hif.com.au/optical for full details.	100% up to annual limit. <i>Benefits are payable on prescription optical items (e.g. glasses, sunglasses, contact lenses or swimming goggles) when purchased from an HIF-approved registered high-street or online Australian optical provider. Benefits are not paid on non-prescription safety glasses, tinting, sunglasses, cosmetic glasses or cosmetic (e.g. coloured) contact lenses, or prescription optical items not purchased from an HIF-approved optical provider.</i>	\$200/year	No limit	2 months
Osteopathy	\$27.50 per visit up to a max. 10 visits <i>Benefits are paid on items carried out by a registered osteopath, approved by HIF.</i>	\$450/year	\$900/year	2 months
Pharmacy <i>PBS = Pharmaceutical Benefit Scheme</i>	Member pays general PBS contribution. Benefit is 100% of the balance up to \$80 per script item. <i>Benefits are not payable on Pharmaceutical Benefit Scheme prescriptions or over the counter items purchased with or without a prescription.</i>	\$200/year	No limit	2 months
Flu Vaccination <i>The limits detailed above are subject to a combined annual limit for Pharmacy.</i>	\$20 (1 per person, per calendar year) <i>Benefits are only payable from a registered pharmacy.</i>			
Physiotherapy	\$35 per visit up to a max. 10 visits \$13 antenatal \$13 hydrotherapy \$13 group	\$450/year	\$900/year	2 months
Podiatry Consultations	\$32 first visit \$23 subsequent visits \$12 consultations that are not performed in the podiatrist's registered practice <i>Benefits are paid on consultations carried out by a registered podiatrist, approved by HIF. Benefits are not payable on podiatry surgery or orthotics.</i>	\$450/year	\$900/year	2 months

Dental cover

Our members asked for dental cover that offers bigger benefits for everyday, preventative dental treatment, so that's what we created. Here's a rundown of the most commonly used dental services that you'll be covered for with Special Options, but always remember to call us on **1300 134 060** prior to treatment to confirm your benefits payable. Alternatively, you can complete a dental benefit estimate request online: hif.com.au/dentalestimate

Our top dental services and benefits on Special Options

Item name	No.	Visit/services	Set maximum benefit payable by HIF
Comprehensive oral examination	011	First visit	\$61.05
or		Subsequent visit	\$48.86
Periodic oral examination	012	First visit	\$54.35
		Subsequent visit	\$43.50
Emergency oral examination	013	All visits	\$26.80
Consultation	014	All visits	\$32.95
Intraoral periapical or bitewing	022	All visits	\$23.30
Removal of plaque and/or stain	111	First visit	\$63.35
or		Subsequent visit	\$50.66
Removal of calculus - first visit	114	First visit	\$110.35
or		Subsequent visit	\$88.25
Removal of calculus - subsequent visit	115	First visit	\$112.55
		Subsequent visit	\$90.01
Bleaching - internal (per tooth)*	117	All visits	\$79.00
Bleaching - external (per tooth)*	118	All visits	\$31.65
Topical application of remineralising agent	121	First visit	\$33.20
		Subsequent visit	\$26.60
Provision of a mouthguard - indirect	151	First visit	\$122.05
or		Subsequent visit	\$97.64
Bi-maxillary mouthguard	153	First visit	\$234.05
		Subsequent visit	\$137.20
Fissure sealing	161	All visits	\$31.25
Removal of permanent tooth	311	All visits	\$84.00
Metallic restoration (amalgam, direct)	511	One surface	\$57.45
	512	Two surfaces	\$78.90
	513	Three surfaces	\$90.50
Adhesive restoration - anterior	521	One surface	\$70.70
	522	Two surfaces	\$84.95
	523	Three surfaces	\$98.65
Adhesive restoration - posterior	531	One surface	\$78.55
	532	Two surfaces	\$99.90
	533	Three surfaces	\$116.80
Pin retention	575	Per pin	\$18.15
Cusp capping	577	Per cusp	\$21.25

+Bleaching: Bleaching Internal: per tooth, 2 service limit per calendar year.

*Bleaching External: per tooth, 8 service limit per calendar year.

Your dental annual limits

An annual limit is the maximum amount of benefits payable to a member in a calendar year, commencing on January 1 and ending on December 31.

Premium Options	Waiting period	Item numbers	Year 1	Year 2	Year 3	Year 4	Year 5	5+ years
General - unlimited	2 months	022; 311-314; 511-525; 531-535	No limit	No limit	No limit	No limit	No limit	No limit
General - limited	2 months except items 057, 322, 324, 331, 595, 596 which are 12 months	011-017; 026-118; 121; 123-141; 151-171; 322-399; 526; 536; 556-598; 692; 911-915; 919; 926; 949-986	\$800	\$950	\$1,150	\$1,350	\$1,550	\$1,750
Inlay / Onlay	12 months	541-555	\$500	\$600	\$700	\$800	\$900	\$1,000
Denture, crown, bridge	12 months	611-691; 693-712; 716-722; 727-773; 776; 778; 779; 790	\$600	\$700	\$800	\$900	\$1,000	\$1,100
Periodontic and endodontic	2 months	213-251; 411-459	\$300	\$400	\$500	\$600	\$700	\$800
Orthodontic (lifetime limit)	12 months	811-823; 825-831; 841-862; 872-873; 875-878	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
Total annual limits per person			\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000

Please note: The Orthodontic limit is a lifetime limit and forms part of the overall annual limit. The applicable benefit is payable on the date of service (the date the braces are fitted); Benefits for replacement dentures and partial dentures are not paid within three years of previous supply; and limits apply to the number of times some items (such as bleaching) attract a rebate. Please refer to our Health Cover Guide for more information, available to download from hif.com.au/guide