

Extras Cover Vital Options



Just need cover for the essentials? No worries.

Vital Options offers great-value, entry-level cover for singles and couples. It covers all those vital 'general treatment' services you might need, such as Chiro, Physio, Osteo and General Dental, plus some Endodontic and Periodontal items. With Vital Options, we'll pay 50% for each treatment or service until you reach the \$800 per person annual combined limit plus 100% for one Emergency ambulance service per person per calendar year.⁴

Check out our summary of what's included on Vital Options and be sure to read our Health Cover Guide for more general information on our health insurance products, inclusions and limits on HIF Extras cover (hif.com.au/guide).

What's covered?

Service	Benefit	Annual limit	Waiting period
Dental^{1& 2}			
Oral Examination (012) ³			
Dental x-ray (022)			
Scale and clean (114) ³	50%		2 months
Fluoride treatment (121) ³			
Mouthguards (151) ³		Combined Limit: \$800 per person	
Filling of one root canal (417)			
Filling/tooth restoration (531)			
Surgical tooth extraction (322)	50%		12 months
Chiropractic			
Physiotherapy	50% of provider fee up to your annual limits.		2 months
Osteopathy			
Emergency Ambulance⁴	100% covered for one service per year	1 service per person per year	1 day

Above is a rundown of the most common dental services that you'll be covered for with Vital 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

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.

² 100% back for 1 check-up and 1 mouthguard each year at HIF Choice Network Dental providers. Waiting periods and annual limits apply. For more information on other services covered under the HIF Choice Network, see the HIF Choice Network section or visit hif.com.au/choice-network

³ Subsequent visits for these item numbers within the calendar year are paid at a lower benefit.

⁴ 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).

HIF Choice Network

HIF has partnered with a network of Dental and Optical 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.

Dental

When visiting a HIF Choice Network Dental provider, you can get more value with:

- 100% back for 1 check-up and 1 mouthguard each year*

Find your nearest HIF Choice Network provider at hif.com.au/choice-network

+ Members can claim 100% back on 1 oral examination, 1 scale and clean, 1 fluoride treatment, 1 x-ray and 1 mouthguard each year at HIF Choice Network Dental providers (subject to specific item codes). Waiting periods and annual limits apply. Additional service limits may apply. Other eligible dental item numbers may also be included. Once the HIF Choice Network 100% back service limit has been reached within the same calendar year, benefits will be paid at the same rate as Non-HIF Choice Network providers.

Optical

To see all member discounts available at HIF Choice Network Optical providers, visit hif.com.au/optical.

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 Vital Options. These annual limits reset to the full amount on January 1 each year and are listed on the following pages under each of the services provided.

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/calender limits. Call us on 1300 134 060 prior to treatment to confirm your benefits payable.

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