

SET REBATES APPLY PER ITEM OR SERVICE, FULL INFORMATION AVAILABLE FROM THE FUND		
	Benefits up to	Annual Limit *
Ambulance Benefit is paid on charges raised for approved ambulance services. Emergency transport is where a patient is transported and admitted to an emergency department of a hospital. Emergency medical attention is where the ambulance responds to an emergency call-out and the patient is treated but does not require immediate transportation to hospital. A patient co-payment of \$50 per service applies to non-emergency call-outs and transportation. Benefits are not payable for inter-hospital transfers.	Emergency: 100% Non-Emergency Call outs and transportation: 100% with a \$50 co-payment Inter Hospital transfers: No benefit	No Limit
Asthmatic Spacers		No cover
Auxiliary Home Nursing Member must also hold a hospital cover with HIF.		No cover
Blood Glucose/Pressure Monitor		No cover
Chiropractic Benefits are paid only for spinal manipulation or adjustment and this information must be quoted on the account. Treatment must be rendered by a Chiropractor registered with the Fund. One x-ray per person per year.	Initial visit \$26 2 – 10 visits \$21 10+ visits \$10 X-Ray \$70	Combined Chiropractic, Complementary Therapies, Osteopathy, Podiatry and Physiotherapy Limit \$450 per person \$900 per policy
Complementary Therapies A benefit is paid towards the cost of Naturopathy, Myotherapy, Homeopathy, Acupuncture, Traditional Chinese Medicine, Massage Therapy, Swedish Massage, Sports Massage and Deep Tissue Massage. Benefits are not payable on medicines provided by the practitioner. The treatment must be provided by a practitioner, which is registered with the Fund in the specialty for which the charge is raised.	Initial – 6 visits \$16 7+ visits \$11	Up to 3 years \$100 per person Over 3 years \$200 per person Limit \$400 per policy Benefits also subject to Combined Chiropractic, Complementary Therapies, Osteopathy, Podiatry and Physiotherapy Limit \$450 per person \$900 per policy
Dental Benefits are paid only on accounts rendered by a registered Dentist or Dental Prosthetist who is registered with HIF. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.	General Dental (x-rays, non-surgical extractions and minor fillings) - no limit. All other general dental - \$800 per person 1 st year, rising to \$950 2 nd year and then by \$200 each year up to \$1750. Forms part of overall annual limit.	Overall annual limit: Yr 1 - \$1000 per person Yr 2 - \$1200 per person Yr 3 - \$1400 per person Yr 4 - \$1600 per person Yr 5 - \$1800 per person 5 yrs & over - \$2000 per person

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Dental cont'd <p>There are some items for which the fund does not pay a benefit if they are performed with another item in the same course of treatment. Limits apply to the number of times some items such as bleaching attract a rebate.</p> <p>The orthodontic limit is a lifetime limit and forms part of the overall annual limit.</p> <p>Dental Prosthetists are allowed to perform a limited range of services for benefit purposes.</p> <p>HIF's Top 20 SmartTeeth Dental Services provides benefits from 65% to 100% of the dentist's fee (up to a set maximum benefit for each item of service).</p> <p>Please contact the fund for a benefit quote before commencing treatment with full details of the necessary dental items as provided by the Dentist.</p>	<p>Inlay/Onlay - \$500 per person, rising by \$100 each year to \$1000. Part of overall annual limit.</p> <p>Dentures, Crowns and Bridges - \$600 per person, rising by \$100 each year to \$1100. Part of overall annual limit.</p> <p>Periodontic/Endodontic \$300 per person, rising by \$100 each year to \$800 per person. Part of overall annual limit.</p> <p>Orthodontic - \$1000 per person, rising by \$200 each year to \$2000. Part of overall annual limit.</p>	<p>Orthodontics has a lifetime limit and is claimable only once per person for life.</p>
Diabetics Education For consultations or information sessions conducted by Diabetes Association in relation to diabetes.		No cover
Dietetics Benefits are only payable for treatment carried out by a registered Dietician approved by the fund in their registered premise.	<p>Initial visit \$36 Subsequent visits \$18 Group visits \$10</p>	\$252 per person
Healthy Lifestyle Benefit is paid towards the cost of: An approved health management program from an approved provider, intended to prevent or improve a specific health condition. Certification to that effect must be provided to support the claim. <ul style="list-style-type: none"> • Approved health management, weight loss, health assessment or quit smoking programs • Exercise Physiology services • Approved Skin Cancer screening (where service not eligible for Medicare rebate) <p>Please contact the fund prior to commencing the program or paying subscriptions to ascertain if the program is eligible for a rebate.</p>	<p>Single Membership: \$50 Family Membership: \$100</p>	1 per membership per year
Hearing Aids Benefit is paid on replacement hearing aids after 5 years. <p>Members who have contributed to the HIF Super or Premium Options table for more than 5 years may claim for one appliance for each year.</p> <p>Benefit is paid on replacement hearing aids after 5 years.</p>		No cover
Nebuliser/Humidifier		No cover

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Occupational Therapy Benefits are paid only for treatment medically necessary for physical rehabilitation. Members may be asked to supply documentation with the initial claim outlining details of the proposed course of treatment.		No cover
Optical Benefit is paid for glasses and contact lenses that are necessary to correct, remedy or relieve any optical defect of sight. A registered optometrist or optical dispenser must supply frames, glasses or contact lenses. Non-prescription safety glasses, protective glasses, sunglasses, cosmetic glasses or cosmetic contacts are not eligible for a refund.		Up to 5 years: \$140 per person Over 5 years: \$155 per person Sub-limits apply.
Orthoptics (Eye Therapy)		No cover
Orthotics Services must be supplied by a registered Podiatrist, Orthotics provider or Surgical Boot maker. Rebates for all associated orthotics charges (eg. measuring, muscle testing, gait analysis) are paid from the annual Orthotics limit, not from the Podiatry limit.		No cover
Osteopathic A benefit is paid where the provider is registered in a private practice.	Initial visit \$26 2 - 10 visits \$21 10+ visits \$16	Combined Chiropractic, Complementary Therapies, Osteopathy, Podiatry and Physiotherapy Limit \$450 per person \$900 per policy
Peak Flow meter		No cover
Pharmacy Benefit is payable on Non-Government Pharmaceutical Benefits Script items. All pharmacy accounts must be paid before claiming a benefit from the fund. A benefit will be paid on items that are only available on prescription. The prescription must be issued by a registered medical or dental practitioner. If you are issued with a prescription for an item that is available for purchase without a prescription no benefit is payable. Contraceptive drugs (eg. Diane 35ED, Juliet 35 & Marvalon) may be claimed if being prescribed only for the treatment of acne where a 3 month supply will be classed as a script item. Your doctor must supply a letter before benefit will be paid. The letter is valid for 12 months.	100% of the balance after the PBS fee is deducted up to \$80 per script item	\$200 per person
Physiotherapy Benefits are only payable when the service/class is fully supervised by a Physiotherapist at their registered practice. A combined sub-limit of \$400 per person applies to Hydrotherapy, Antenatal and other group classes.	Initial visit \$32 2 – 10 visits \$24 10+ visits \$19 Hydrotherapy and Antenatal visits \$13 Group visits \$8	Combined Chiropractic, Complementary Therapies, Osteopathy, Podiatry and Physiotherapy Limit \$450 per person \$900 per policy

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Podiatry Service must be provided by a registered Podiatrist who is approved by the fund. Note: Benefits are not payable for Podiatry surgery.	Initial visit \$32 Subsequent visits \$23 Non-clinic attendance \$12	Combined Chiropractic, Complementary Therapies, Osteopathy, Podiatry and Physiotherapy Limit \$450 per person \$900 per policy
Prostheses A benefit is paid on a limited range of external prostheses.		No cover
Psychology A benefit is payable where the provider is registered and in a private practice. A maximum of two treatment sessions will be paid on the same date if there is a minimum of two hours between sessions.		No cover
Speech Therapy For treatment provided by registered Speech Therapists approved by the Fund, at their registered practice premises.		No cover

* The annual limit is based on calendar year. The date of service is the date used to calculate your annual entitlement, not the date the claim is lodged.

Waiting Periods and Benefit Restrictions

The following waiting periods apply for Special Options

Waiting Periods	Services		
2 Months	Ambulance Chiropractic Complementary Therapies Dietetics	General Dental services – unlimited items Healthy Lifestyle Optical Appliances	Osteopathy Pharmaceutical Drugs Physiotherapy Podiatry Consultations
12 Months	General Dental services – limited items	Major Dental services	

Ineligible Services and Providers

Benefits are not payable until the service has been completed. The benefit cannot exceed the cost of the service.

You are not entitled to claim a rebate if you can claim from another source including your employer, other insurance policy or workers compensation. Where benefits are available from another source, HIF may pay a Benefit such that the total rebate from all sources does not exceed the actual charge of the service claimed.

A Benefit is not payable where a person who is direct relative of the member provides the service.

To be eligible for a Benefit, the person providing the service MUST be registered with HIF to perform that service.

General Information

Ancillary Providers

If you wish to know if a provider is registered with HIF you can do in two ways: email HIF at info@hif.com.au with the provider's information to check if they are registered or contact our Customer Service Representatives on 1300 13 40 60.

Privacy Policy

HIF recognises the importance of keeping the personal information that you entrust to us private and confidential. HIF's 'Privacy Policy' has been compiled to outline how your personal information is handled and the steps taken by HIF to ensure your privacy. If you would like to find out more about HIF's 'Privacy Policy' you can:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60 to request a copy of our Privacy Policy brochure

Providing Feedback or Making a complaint

HIF is committed to providing our members with access to the highest possible level of service and we value the feedback that our members provide. As part of HIF's commitment to continuous improvement if you have a concern regarding your HIF membership, our products, benefits or our service we would be happy to hear from you.

If you have a complaint or concerns, you can:

- Discuss this with one of our Customer Service Representatives on **1300 13 40 60**. HIF's internal complaint handling process ensures where our people are unable to assist you with your concerns or complaint they will escalate your issue to a senior manager.
- Access the Internal Complaint Handling process by addressing your complaint in writing to:
Executive Manager - Operations
Health Insurance Fund of Australia
GPO Box X2221
PERTH WA 6847

Or

Email your complaint to info@hif.com.au

If after discussing your concerns with us, and you believe the outcome or decision is not appropriate and you wish to take the matter further you can contact the Private Health Insurance Ombudsman:

- Via the website www.phio.org.au or
- By ringing toll free on 1800 640 695, or
- Write to Suite 2, Level 22, 580 George Street, Sydney NSW 2000