

Conditions and benefits of this cover were last updated 1<sup>st</sup> December 2012.

SET BENEFITS APPLY PER SERVICE OR ITEM, FULL INFORMATION AVAILABLE FROM THE FUND		
	Benefits up to	Annual Limit *
<b>Ambulance</b> 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
<b>Asthmatic Spacers</b>		No cover
<b>Auxiliary Home Nursing</b> Member must also hold a hospital cover with HIF.		No cover
<b>Blood Glucose/Pressure Monitor</b>		No cover
<b>Chiropractic</b> 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 \$65	Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Complementary Therapies</b> 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 \$15 7+ visits \$10	Up to 3 years: \$50 per person  Over 3 years: \$100 per person  Limit \$200 per policy  Benefits also subject to Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Dental</b> Benefits are paid only on accounts rendered by a registered Dentist or Dental Prosthetist who is registered with HIF.  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.  Benefits are only payable on General Dental items.		General Dental (x-rays, non – surgical extractions and minor fillings) - no limit  All other general dental: Year 1 - \$750 per person Year 2 - \$850 per person Year 3 - \$950 per person Year 4 - \$1050 per person

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<b>Dental Cont'd</b>  Dental Prosthetists are allowed to perform a limited range of services for benefit purposes.  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).  Please contact the fund for a benefit quote before commencing treatment with full details of the necessary dental items as provided by the Dentist.  <b>Note:</b> Major Dental Services such as Periodontic, Endontic, Orthodontic, Inlay/Onlay and Dentures, Crowns and Bridges are not covered.		Year 5 - \$1150 per person  5 years and over – \$1250 per person
<b>Diabetics Education</b> For consultations or information sessions conducted by Diabetes Association in relation to diabetes.		No cover
<b>Dietetics</b> Benefits are only payable for treatment carried out by a registered Dietician approved by the fund in their registered premise.	Initial visit \$36 Subsequent visits \$18 Group visits \$10	Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Healthy Lifestyle</b> 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"> <li>Approved health management, weight loss, health assessment or quit smoking programs</li> <li>Exercise Physiology services</li> <li>Approved Skin Cancer screening (where service not eligible for Medicare rebate)</li> </ul> Please contact the fund prior to commencing the program or paying subscriptions to ascertain if the program and/or service provider is approved and eligible for a rebate.	Single Membership: \$50  Family Membership: \$100	Benefit is payable 1 per membership per year  Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Hearing Aids</b> Benefit is paid on replacement hearing aids after 5 years.  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.		No cover
<b>Nebuliser/Humidifier</b>		No cover
<b>Occupational Therapy</b> 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

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<b>Optical</b> 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: \$110 per person  Over 5 years: \$121 per person  Sub-limits apply.
<b>Orthoptics (Eye Therapy)</b>		No cover
<b>Orthotics</b> 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
<b>Osteopathic</b> 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, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Peak Flow meter</b>		No cover
<b>Pharmacy</b> 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 will be payable.  Contraceptive drugs may be claimed if being prescribed only for the treatment of acne. These include Diane 35ED, Juliet 35 and Marvalon. For the purpose of benefit payments, a 3 month supply of permitted contraceptive drugs will be classed 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	Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Physiotherapy</b> Benefits are only payable when the service/class is fully supervised by a Physiotherapist at their registered practise.  A combined sub-limit of \$300 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, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit. \$350 per person \$700 per policy

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<b>Podiatry</b> Service must be provided by a registered Podiatrist who is approved by the fund.  <b>Note:</b> Benefits are not payable for Podiatry surgery.	Initial visit \$32 Subsequent visits \$23 Non-clinic attendance \$12	Combined Chiropractic, Complementary Therapies, Dietetics, Healthy Lifestyle, Pharmacy, Osteopathy, Physiotherapy and Podiatry Limit \$350 per person \$700 per policy
<b>Prostheses</b> A benefit is paid on a limited range of external prostheses.		No cover
<b>Psychology</b> A benefit is payable where the provider is registered and in a private practise.  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
<b>Speech Therapy</b> 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 Saver Options

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

## 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

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### 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](mailto: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](http://www.hif.com.au)
- Email HIF directly at [info@hif.com.au](mailto: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

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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](mailto: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](http://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