

Private Health Information Statement - General treatment policy

MULTICOVER

HCF

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 13 13 34

Monthly Premium

\$137.88[#]

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in NSW & ACT
 Closed to new members

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

General Treatment Cover

This policy can only be purchased with certain hospital policies.

Our nationwide network of No-Gap participating providers gives you access to comprehensive extras cover at an affordable price. Find out more See <https://www.hcf.com.au/locations/find-a-participating-provider>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Get 100% back at extras providers in our No-Gap network, depending on your cover and annual limits. Includes: 2 dental check-ups a year, a pair of prescription glasses from a selected range and you'll also get free digital retinal imaging with your eye test, a first visit to a physio, chiro, osteo and podiatrist. A higher psychology benefit (\$75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|--|--|
| General dental* | 2 | \$550 per person (Sub-limits apply) | Periodic oral examination - \$34.00 Scale & clean - \$69.00 Fluoride treatment - \$27.00 |
| Major dental | 12 | \$2,220 per person (combined limit for major dental, endodontic & other services - Sub-limits apply) | Surgical tooth extraction - \$182.00 Full crown veneered - \$580.00 |
| Endodontic | 12 | | Filling of one root canal - \$164.00 |
| Orthodontic | 12 | \$440 per person \$2,640 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$440.00 |
| Optical* | 2 | \$220 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$600 per person (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$50.00 |
| Physiotherapy* | 2 | \$600 per person (combined limit for physiotherapy & eye therapy (orthoptics)) | Initial visit - \$46.00 Subsequent visit - \$36.00 |
| Chiropractic* | 2 | \$600 per person (combined limit for chiropractic, exercise physiology & osteopathy - Sub-limits apply) | Initial visit - \$35.00 Subsequent visit - \$28.00 |
| Podiatry* | 2 | \$200 per person | Initial visit - \$35.00 Subsequent visit - \$27.00 |
| Psychology* | 2 | \$300 per person | Initial visit - \$44.00 Subsequent visit - \$44.00 |
| Acupuncture | 2 | \$200 per person (combined limit for acupuncture & chinese medicine - Sub-limits apply) | Initial visit - \$32.00 Subsequent visit - \$25.00 |

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|---------------------------------------|----|--|---|
| Remedial massage | 2 | \$200 per person | Initial visit - \$32.00 Subsequent visit - \$25.00 |
| Hearing aids | 12 | \$600 per person 1 appliance(s) every 3 years | Hearing aid - \$600.00 |
| Blood glucose monitors | 12 | \$500 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services) | Per monitor - \$150.00 |
| Audiology | 2 | \$500 per person (combined limit for audiology & speech therapy - Sub-limits apply) | Initial visit - \$52.00 Subsequent visit - \$35.00 |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$32.00 Subsequent visit - \$25.00 |
| Dietetics/dietary advice | 2 | \$300 per person | Initial visit - \$50.00 Subsequent visit - \$40.00 |
| Exercise physiology | 2 | Combined limit - see Chiropractic | Initial visit - \$32.00 Subsequent visit - \$30.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - \$32.00 Subsequent visit - \$32.00 |
| Health management / Healthy lifestyle | 2 | \$150 per person up to \$300 per policy | Health management - \$150.00 |
| Occupational therapy | 2 | \$500 per person | Initial visit - \$62.00 Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses) | 12 | \$200 per person | Orthotics supply & fit - \$100.00 |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| Speech therapy | 2 | Combined limit - see Audiology | Initial visit - \$60.00 Subsequent visit - \$40.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00 |

Preventative & diagnostic dental has service limits. General dental limit of \$550 is for direct filings. Endodontic, periodontics, oral surgery & occlusal treatment - combined limit of \$500. Crowns & Bridges - \$800 annual limit. Dentures - \$800 every 3 yrs. Orthodontic lifetime limit for other dentists is a max of \$1,000. Increasing loyalty limits apply for some services. Mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses) included.

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

For all NSW and ACT residents who aren't offered cover under another arrangement there is unlimited emergency ambulance cover received within NSW or the ACT. For emergency ambulance services received outside of NSW or ACT there is an annual limit for emergency ambulance services provided by state Ambulance Service Providers.

For further information about this policy see

<https://www.hcf.com.au/faqs/faqs-cover#what-is-ambulance-cover>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.

PrivateHealth.gov.au

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