

Private Health Information Statement - General treatment policy

SUPER MULTICOVER ONLY

HCF

<http://www.hcf.com.au>
service@hcf.com.au
 13 13 34

Monthly Premium

\$114.14[#]

(before any rebate or insurer discount)

Covers only one person
 Available in Northern Territory
 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.

General Treatment Cover

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 *: Includes 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, and 100% back on a range of services at HCF No Gap network, subject to annual limits. A higher psychology benefit (\$80) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Hearing aid limits increase from \$800 to \$1,800 based on tenure. Travel and accommodation limit \$400 (\$200 accommodation sub-limit). \$800 annual limit for school accident benefit.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|--|--|
| General dental* | 2 | \$550 per policy (Sub-limits apply) | Periodic oral examination - \$37.00 Scale & clean - \$75.00 Fluoride treatment - \$28.00 |
| Major dental | 12 | \$2,300 per policy (combined limit for major dental & endodontic - Sub-limits apply) | Surgical tooth extraction - \$210.00 Full crown veneered - \$700.00 |
| Endodontic | 12 | | Filling of one root canal - \$179.00 |
| Orthodontic | 12 | \$440 per policy \$2,640 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$440.00 |
| Optical* | 2 | \$250 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$700 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$50.00 |
| Physiotherapy* | 2 | \$600 per policy (combined limit for physiotherapy & eye therapy (orthoptics)) | Initial visit - \$55.00 Subsequent visit - \$42.00 |
| Chiropractic* | 2 | \$600 per policy (combined limit for chiropractic, exercise physiology & osteopathy - Sub-limits apply) | Initial visit - \$42.00 Subsequent visit - \$33.00 |
| Podiatry* | 2 | \$400 per policy | Initial visit - \$40.00 Subsequent visit - \$34.00 |
| Psychology* | 2 | \$600 per policy | Initial visit - \$46.00 Subsequent visit - \$46.00 |
| Acupuncture | 2 | \$600 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply) | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Remedial massage | 2 | | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Hearing aids | 12 | \$800 per policy 1 appliance(s) every 3 years | Hearing aid - \$800.00 |

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|---------------------------------------|----|---|---|
| Blood glucose monitors | 12 | \$600 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services - Sub-limits apply) | Per monitor - \$150.00 |
| Audiology | 2 | \$350 per policy | Initial visit - \$58.00 Subsequent visit - \$40.00 |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Dietetics/dietary advice | 2 | \$350 per policy | Initial visit - \$55.00 Subsequent visit - \$45.00 |
| Exercise physiology | 2 | Combined limit - see Chiropractic | Initial visit - \$40.00 Subsequent visit - \$33.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - \$38.00 Subsequent visit - \$38.00 |
| Health management / Healthy lifestyle | 2 | \$200 per policy | Health management - \$200.00 |
| Occupational therapy | 2 | \$600 per policy | Initial visit - \$72.00 Subsequent visit - \$50.00 |
| Orthotics (podiatric orthoses) | 12 | \$200 per policy | Orthotics supply & fit - \$100.00 |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - \$45.00 Subsequent visit - \$35.00 |
| Speech therapy | 2 | \$500 per policy | Initial visit - \$83.00 Subsequent visit - \$51.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00 |

Preventative and diagnostic dental is not included in general dental annual limit. Service limits apply. Crowns & Bridges, up to \$1,200 annual limit. Dentures, \$800 limit every 3 yrs. Orthodontic lifetime limit for other dentists, \$1,000. Other major dental combined annual limit of \$500. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses).

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

X Other treatments - check with your insurer

Ambulance cover

In Northern Territory 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

If you are a resident of NT and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement, you have unlimited 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.