

## Private Health Information Statement - General treatment policy

### HCF ACTIVE EXTRAS

#### HCF

<http://www.hcf.com.au>  
[service@hcf.com.au](mailto:service@hcf.com.au)  
 13 13 34

#### Monthly Premium

**\$72.70 #**

(before any rebate or insurer discount)

Covers only one person  
 Available in Tasmania

# 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 is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

### 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 \*: 100% back on a range of no-gap services through HCF More for You programs. Available at HCF No Gap network providers and subject to annual limits. Also includes 'Limit Boost', providing higher limits for popular services. A higher psychology benefit (\$102) 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                       | \$850 per policy<br>(combined limit for general dental, major dental, endodontic & other services)                                      | Periodic oral examination - \$36.00<br>Scale & clean - \$66.00<br>Fluoride treatment - \$28.00 |
| Major dental            | 12                      |   | Surgical tooth extraction - \$191.00<br>Full crown veneered - \$850.00                         |
| Endodontic              | 12                      |   | Filling of one root canal - \$175.00   |
| Orthodontic             | 12                      | \$600 per policy<br>\$1,800 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$600.00          |
| Optical*                | 2                       | \$225 per policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$180 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$50.00  |
| Physiotherapy*          | 2                       | \$400 per policy<br>(combined limit for physiotherapy & exercise physiology)  | Initial visit - \$60.00<br>Subsequent visit - \$52.00  |
| Chiropractic*           | 2                       | \$300 per policy<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$42.00<br>Subsequent visit - \$34.00  |
| Podiatry*               | 2                       | \$200 per policy<br>(combined limit for podiatry, audiology, dietetics/dietary advice, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$36.00<br>Subsequent visit - \$31.00  |
| Psychology*             | 2                       | \$400 per policy<br>(combined limit for psychology & occupational therapy)  | Initial visit - \$61.00<br>Subsequent visit - \$61.00  |
| Acupuncture             | 2                       | \$300 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> )    | Initial visit - \$37.00<br>Subsequent visit - \$37.00  |
| Remedial massage        | 2                       |   | Initial visit - \$37.00<br>Subsequent visit - \$37.00  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Hearing aids                          | 12 | \$600 per policy<br>1 service(s) every 3 years                                  | Hearing aid - \$600.00                                |
| Blood glucose monitors                | 12 | \$45 per policy<br>(combined limit for blood glucose monitors & other services) | Per monitor - \$45.00                                 |
| Audiology                             | 0  | Combined limit - see Podiatry   | Initial visit - \$61.00<br>Subsequent visit - \$61.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture  | Initial visit - \$37.00<br>Subsequent visit - \$37.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry   | Initial visit - \$46.00<br>Subsequent visit - \$46.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy  | Initial visit - \$33.00<br>Subsequent visit - \$33.00 |
| Health management / Healthy lifestyle | 2  | \$100 per policy  | Health management - \$75.00                           |
| Occupational therapy                  | 2  | Combined limit - see Psychology   | Initial visit - \$62.00<br>Subsequent visit - \$62.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry   | Orthotics supply & fit - \$100.00                     |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic   | Initial visit - \$49.00<br>Subsequent visit - \$39.00 |
| Speech therapy                        | 2  | Combined limit - see Podiatry   | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals                                    | Per service - \$50.00                                 |

In chair teeth whitening treatment provided by a dentist included in the dental annual limit, a service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. \$300 annual limit for orthodontic by other dentists with lifetime limit of \$900. 12 month waiting period for foot orthotics, covered under podiatry (1 pair/person/year). Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses). Group Physio and group Exercise Physiology classes covered under health management programs. Sub-limit of \$200 applies per therapy service to remedial massage & myotherapy, acupuncture & Chinese herbal medicine. Hearing aid benefits accrue over time and renew every 3 years.

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

**X** Other treatments - check with your insurer

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### Other features of this ambulance cover

TAS residents are covered under state ambulance service scheme. Cover may be in other states (except QLD and SA) for emergency road ambulance only. Residents not covered under any arrangement, annual limit is 1 per person / 2 per policy for emergency ambulance service provided by state ambulance service provider.

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.