

Private Health Information Statement - General treatment policy

HCF ADVANCED EXTRAS

HCF

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 13 13 34

Monthly Premium

\$249.52 #

(before any rebate or insurer discount)

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

Available in Victoria

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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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. Includes 'Limit Boost', higher limits for popular services. A higher psychology benefit (\$116) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Travel and accommodation benefit \$250 per policy/year and school accident benefit with \$175 annual limit per eligible child.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| General dental* | 2 | No annual limit (no limit on preventative dental) | Periodic oral examination - \$40.00 Scale & clean - \$78.00 Fluoride treatment - \$29.00 |
| Major dental | 12 | \$1,150 per person (combined limit for major dental, endodontic & other services) | Surgical tooth extraction - \$210.00 Full crown veneered - \$1,000.00 |
| Endodontic | 12 | | Filling of one root canal - \$195.00 |
| Orthodontic | 12 | \$800 per person \$2,400 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$800.00 |
| Optical* | 2 | \$250 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$280 per person (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$50.00 |
| Physiotherapy* | 2 | \$700 per person (combined limit for physiotherapy & exercise physiology) | Initial visit - \$62.00 Subsequent visit - \$55.00 |
| Chiropractic* | 2 | \$350 per person (combined limit for chiropractic & osteopathy) | Initial visit - \$45.00 Subsequent visit - \$38.00 |
| Podiatry* | 2 | \$400 per person (combined limit for podiatry, audiology, dietetics/dietary advice, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$41.00 Subsequent visit - \$36.00 |
| Psychology* | 2 | \$700 per person (combined limit for psychology & occupational therapy) | Initial visit - \$70.00 Subsequent visit - \$70.00 |

| | | | |
|---------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Acupuncture | 2 | \$450 per person (combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply) | Initial visit - \$41.00 Subsequent visit - \$41.00 |
| Remedial massage | 2 | | Initial visit - \$41.00 Subsequent visit - \$41.00 |
| Hearing aids | 12 | \$800 per person 1 service(s) every 3 years | Hearing aid - \$800.00 |
| Blood glucose monitors | 12 | \$55 per person up to \$200 per policy (combined limit for blood glucose monitors & other services) | Per monitor - \$55.00 |
| Audiology | 2 | Combined limit - see Podiatry | Initial visit - \$71.00 Subsequent visit - \$71.00 |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$41.00 Subsequent visit - \$41.00 |
| Dietetics/dietary advice | 2 | Combined limit - see Podiatry | Initial visit - \$56.00 Subsequent visit - \$56.00 |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Health management / Healthy lifestyle | 2 | \$125 per person up to \$250 per policy | Health management - \$100.00 |
| Occupational therapy | 2 | Combined limit - see Psychology | Initial visit - \$72.00 Subsequent visit - \$72.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Podiatry | Orthotics supply & fit - \$130.00 |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - \$53.00 Subsequent visit - \$43.00 |
| Speech therapy | 2 | Combined limit - see Podiatry | Initial visit - \$83.00 Subsequent visit - \$83.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00 |

General dental service limits apply. 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. Orthodontic annual limit is \$400 for other dentists, \$1,200 lifetime limit. Group Physio & group Exercise Physiology classes covered under health management programs. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF- approved OCBT courses). Sub-limit of \$300 per therapy service applies to remedial massage & myotherapy, acupuncture & Chinese herbal medicine. 12 month waiting period for foot orthotics, covered under podiatry (1 pair/person/year). 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

In Victoria this policy provides:

Emergency: with a waiting period of 1 day, limited to 1 services per year.

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 VIC and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement, you have an annual service limit of 1 per person and 2 per policy 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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