

## Private Health Information Statement - General treatment policy

### HCF Choose My Extras

#### HCF

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

#### Monthly Premium

**\$137.31 #**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

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 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

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 \*: Choose any 4 services marked with an asterisk\* in the list below: Major Dental & Endodontic count as 1 selection, Chiropractic & Osteopathy count as 1 selection, Physio & Exercise Physiology count as 1 selection, Mental Health Services includes Psychology, OCBT, Social Worker, & Counselling and counts as 1 selection, Natural Therapies includes Remedial Massage, Myotherapy, Chinese Herbal Medicine & Acupuncture and counts as 1 selection, Ante-natal & Post-natal consultations are included in Health Management Programs. General dental includes 100% back on 1 check-up, 1 scale and clean and 1 fluoride at participating No Gap providers, subject to annual limit*

| Treatment                      | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|--------------------------------|-------------------------|--|--|
| General dental*                | 2                       | \$350 per person<br>(no limit on preventative dental)  | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental*                  | 12                      | \$500 per person<br>(combined limit for major dental & endodontic)   | Surgical tooth extraction - 60% of charge<br>Full crown veneered - 60% of charge                                 |
| Endodontic*                    | 12                      |  | Filling of one root canal - 60% of charge  |
| Orthodontic*                   | 12                      | \$450 per person<br>\$1,950 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge                       |
| Optical*                       | 2                       | \$225 per person   | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Physiotherapy*                 | 2                       | \$350 per person<br>(combined limit for physiotherapy & exercise physiology)   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Chiropractic*                  | 2                       | \$200 per person<br>(combined limit for chiropractic & osteopathy)   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Podiatry*                      | 2                       | \$200 per person<br>(combined limit for podiatry & other services)   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Psychology*                    | 2                       | \$300 per person<br>(combined limit for psychology & other services)   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Acupuncture*                   | 2                       | \$200 per person<br>(combined limit for acupuncture, remedial massage & chinese medicine)                                      | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Remedial massage*              | 2                       |  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Ante-natal/Post-natal classes* | 2                       | \$125 per person<br>(combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |

|  |   |  |   |
|--|---|--|---|
| Chinese medicine*                      | 2 | Combined limit - see Acupuncture   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Dietetics/dietary advice*              | 2 | \$200 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Exercise physiology*                   | 2 | Combined limit - see Physiotherapy   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Health management / Healthy lifestyle* | 2 | Combined limit - see Ante-natal/Post-natal classes                             | Health management - 60% of charge                                 |
| Occupational therapy*                  | 2 | \$300 per person<br>(combined limit for occupational therapy & speech therapy) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Osteopathy*                            | 2 | Combined limit - see Chiropractic  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Speech therapy*                        | 2 | Combined limit - see Occupational therapy                                      | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Vaccinations*                          | 2 | \$180 per person   | Per service - 60% of charge                                       |

Loyalty annual limits apply to selected services. Annual limits displayed are at Year 1 limits. Members have the flexibility to swap service selections as needed, within the calendar year, as long as a claim has not been made on that service. Waiting periods and fund rules apply.

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

|                                 |   |
|---------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals                    |
| <b>X</b> Hearing aids           | <b>X</b> 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.