

## Private Health Information Statement - Combined policy

### TOP ADVANCED SHARED HOSPITAL GOLD & MULTICOVER

#### HCF

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

#### Monthly Premium

**\$393.05 #**

(before any rebate, loading or discount)

Covers only one person  
 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 a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** No excess

**Co-payments:** Every time you go to hospital you will have to pay:

- \$0 (zero) per day for a shared room for overnight admissions
- \$50 per day for a private room for overnight admissions
- No co-payment for day surgery (no overnight stay)
- The maximum co-payment is \$500 per year

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

## 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 \*: A higher psychology benefit (\$75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Sub-limits may apply. See fund rules for more information.

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 - \$34.00 Scale & clean - \$69.00 Fluoride treatment - \$27.00
Major dental*	12	\$2,220 per policy (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 policy \$2,640 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$440.00
Optical	2	\$220 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy*	2	\$600 per policy	Initial visit - \$46.00 Subsequent visit - \$36.00
Chiropractic*	2	\$600 per policy (combined limit for chiropractic, exercise physiology & osteopathy - Sub-limits apply)	Initial visit - \$35.00 Subsequent visit - \$28.00
Podiatry	2	\$200 per policy	Initial visit - \$35.00 Subsequent visit - \$27.00
Psychology*	2	\$300 per policy	Initial visit - \$44.00 Subsequent visit - \$44.00

Acupuncture	2	\$200 per policy (combined limit for acupuncture & chinese medicine)	Initial visit - \$32.00 Subsequent visit - \$25.00
Remedial massage	2	\$200 per policy	Initial visit - \$32.00 Subsequent visit - \$25.00
Hearing aids*	12	\$600 per policy 1 appliance(s) every 3 years	Hearing aid - \$600.00
Blood glucose monitors*	12	\$500 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - \$150.00
Audiology	2	\$500 per policy (combined limit for audiology & speech therapy - <b>Sub-limits apply</b> )	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 policy	Initial visit - \$50.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$30.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - \$150.00
Occupational therapy	2	\$500 per policy	Initial visit - \$62.00 Subsequent visit - \$40.00
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
General dental includes dental check-ups with service limits not in annual limit. Endodontic, periodontic, oral surgery & occlusal treatment - combined limit of \$500. Dentures - \$800 every 3 yrs. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved online cognitive behavioural therapy courses).			

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

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

### Other features of this general treatment cover

A higher psychology benefit (\$75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.

## 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

Cover for unlimited air, land and sea emergency ambulance trips and treatment by paramedics in Australia for services provided by recognised Ambulance Service Providers. Benefits are not payable when covered by another third party or other funding arrangement, such as a State government scheme. See fund rules for more information.

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.