

## Private Health Information Statement - Combined policy

### TOP ADVANCED HOSPITAL GOLD \$500 EXCESS & SUPER MULTICOVER

#### HCF

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

#### Monthly Premium

**\$355.58<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Tasmania  
 Closed to new members

<sup>#</sup> 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:** You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for accidents or day surgery.

**Co-payments:** No co-payments

[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.

[Other features of this hospital cover](#)

Top hospital cover for peace of mind. No excess for accident related treatment, dependants under 25 and same day procedures. Includes involuntary unemployment assistance, travel and accommodation benefits for hospital admission and cover for unlimited emergency ambulance trips. See fund rules for more information. Access to over 100 exclusive offers through HCF Thank You program. For more information visit: [www.hcf.com.au/thankyou](http://www.hcf.com.au/thankyou).

**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 \*: General dental has check-ups with service limits on top of annual limits. Endodontic, Periodontic, Oral surgery & Occlusal therapy - combined limit \$500. Ortho accrues at \$440/calendar year, up to lifetime limit of \$2640 for Orthodontist (\$1,000 for General Dentist). On Optical claim up to \$500 within a 2 yr period. Sublimit of \$250 for contact lens/yr. Claim psychology after Medicare entitlements exhausted. Per hearing aid benefit is the total payable for hearing aids.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|-------------------------|-------------------------|--|--|
| General dental*         | 2                       | \$550 per policy<br><b>(Sub-limits apply)</b>  | Periodic oral examination - \$37.00<br>Scale & clean - \$75.00<br>Fluoride treatment - \$28.00 |
| Major dental*           | 12                      | \$2,300 per policy<br>(combined limit for major dental & endodontic - <b>Sub-limits apply</b> )                    | Surgical tooth extraction - \$210.00<br>Full crown veneered - \$700.00                         |
| Endodontic*             | 12                      |  | Filling of one root canal - \$179.00   |
| Orthodontic*            | 12                      | \$440 per policy<br>\$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<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$700 per policy   | Per eligible prescription - \$50.00  |
| Physiotherapy           | 2                       | \$600 per policy   | Initial visit - \$55.00<br>Subsequent visit - \$42.00  |
| Chiropractic            | 2                       | \$600 per policy<br>(combined limit for chiropractic, exercise physiology & osteopathy - <b>Sub-limits apply</b> ) | Initial visit - \$42.00<br>Subsequent visit - \$33.00  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Podiatry                              | 2  | \$400 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$34.00 |
| Psychology*                           | 2  | \$600 per policy  | Initial visit - \$46.00<br>Subsequent visit - \$46.00 |
| Acupuncture                           | 2  | \$600 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> )        | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Remedial massage                      | 2  |   | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Hearing aids*                         | 12 | \$800 per policy<br>1 appliance(s) every 3 years  | Hearing aid - \$800.00                                |
| Blood glucose monitors                | 12 | \$600 per policy<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Per monitor - \$150.00                                |
| Audiology                             | 2  | \$350 per policy  | Initial visit - \$58.00<br>Subsequent visit - \$40.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture  | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Dietetics/dietary advice              | 2  | \$350 per policy  | Initial visit - \$55.00<br>Subsequent visit - \$45.00 |
| Exercise physiology                   | 2  | Combined limit - see Chiropractic   | Initial visit - \$40.00<br>Subsequent visit - \$33.00 |
| Health management / Healthy lifestyle | 2  | \$200 per policy  | Health management - \$200.00                          |
| Occupational therapy                  | 2  | \$600 per policy  | Initial visit - \$72.00<br>Subsequent visit - \$50.00 |
| Osteopathy                            | 2  | Combined limit - see Chiropractic   | Initial visit - \$45.00<br>Subsequent visit - \$35.00 |
| Speech therapy                        | 2  | \$500 per policy  | Initial visit - \$83.00<br>Subsequent visit - \$51.00 |

General dental has check-ups with service limits not in annual limits. Endodontic, Periodontic, Oral surgery & occlusal therapy - combined limit \$500. Dentures - \$800 every 3 yrs. Ortho accrues at \$440/calendar yr up to lifetime limit of \$2,640 for Orthodontist (\$1,000 for General Dentist). On Optical claim up to \$500 within a 2 yr period. Sublimit of \$250 for contact lens/yr. 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

Crowns & Bridges limit increases by \$100 a yr from \$800 to \$1200. Loyalty benefits apply on Physio and combined chiro & osteo limits. Sub-limits apply to chiro/osteo. Hearing aids limit increase from \$800 to \$1800 based on tenure. Includes Health Mngt Program limit of \$200 pp/\$400 per family policy.

### 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

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.