

## Private Health Information Statement - Combined policy

### YOUNG SINGLES & COUPLES BASIC PLUS

#### HCF

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

#### Monthly Premium

**\$453.08<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Victoria

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

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

This policy ✗ does not include cover for

✗ Weight loss surgery

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](http://privatehealth.gov.au) for [PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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 \$450 per admission. This is limited to a maximum of \$450 per person and \$900 per policy per year.

Excess payments do not apply to hospital admissions for accidents.

**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

Combined hospital and extras package designed for healthy young singles and couples without dependant kids. No excess for accident related treatment. Includes involuntary unemployment assistance, travel and accommodation benefits for hospital admissions 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 \*: Includes 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, and 100% back on an initial physio, chiro and osteo consult, at participating providers and subject to annual limits.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|-------------------------|-------------------------|--|--|
| General dental*         | 2                       | \$400 per policy<br>( <b>Sub-limits apply</b> )  | Periodic oral examination - \$30.00<br>Scale & clean - \$57.00<br>Fluoride treatment - \$27.00 |
| Major dental            | 12                      | \$300 per person   | Surgical tooth extraction - \$150.00<br>Full crown veneered - n/a                              |
| Optical*                | 2                       | \$180 per person   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$200 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )   | Per eligible prescription - \$50.00  |
| Physiotherapy*          | 2                       | \$350 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology, osteopathy & other services - <b>Sub-limits apply</b> ) | Initial visit - \$40.00<br>Subsequent visit - \$32.00  |
| Chiropractic*           | 2                       |  | Initial visit - \$30.00<br>Subsequent visit - \$20.00  |
| Acupuncture             | 2                       |  | Initial visit - \$25.00<br>Subsequent visit - \$20.00  |

|  |   |  |   |
|--|---|--|---|
| Remedial massage   | 2 |  | Initial visit - \$25.00<br>Subsequent visit - \$20.00 |
| Chinese medicine   | 2 |  | Initial visit - \$25.00<br>Subsequent visit - \$20.00 |
| Exercise physiology  | 2 |  | Initial visit - \$25.00<br>Subsequent visit - \$20.00 |
| Osteopathy   | 2 |  | Initial visit - \$30.00<br>Subsequent visit - \$20.00 |
| Vaccinations   | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00                                 |
| General dental limit of \$400 is for direct fillings. Cover also includes dental check ups, with service limits, that are not part of this general dental limit. Major dental limit of \$300 includes extractions only. Reduced chiro and osteo benefits after the 6th visit. HCF-approved Online Cognitive Behavioural Therapy courses with a separate annual limit per person/ per policy. |   |  |   |

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

|                                 |                      |   |
|---------------------------------|----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Endodontic             | <b>X</b> Podiatry    |   |
| <b>X</b> Hearing aids           | <b>X</b> Psychology  |   |

## Ambulance cover

In Victoria 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

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 unlimited 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.