

## Private Health Information Statement - Combined policy

### HOSPITAL ADVANCED SAVINGS SILVER PLUS & EXTRA BENEFITS

#### HCF

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

#### Monthly Premium

**\$573.00<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

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

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)

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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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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

Comprehensive hospital cover for peace of mind. No excess for accident related treatment and dependants under 25. Includes 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 \*: 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, an initial physio, chiro, osteo & podiatry consult as well as 100% back or reduced cost on high quality hearing aids through our partnership with Connect Hearing. Available 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	\$300 per person	Periodic oral examination - \$34.00 Scale & clean - \$69.00 Fluoride treatment - \$27.00
Major dental	12	\$1,870 per person (combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> )	Surgical tooth extraction - \$182.00 Full crown veneered - \$580.00
Endodontic	12		Filling of one root canal - \$164.00
Orthodontic	12	\$250 per person \$1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$250.00
Optical*	2	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy*	2	\$600 per person (combined limit for physiotherapy, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$46.00 Subsequent visit - \$36.00

Chiropractic*	2	\$400 per person (combined limit for chiropractic, acupuncture & osteopathy)	Initial visit - \$35.00 Subsequent visit - \$28.00
Podiatry*	2	\$200 per person	Initial visit - \$35.00 Subsequent visit - \$25.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$20.00
Hearing aids*	12	\$500 per person 1 appliance(s) every 3 years	Hearing aid - \$500.00
Blood glucose monitors	12	\$500 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - \$150.00
Dietetics/dietary advice	2	\$150 per person	Initial visit - \$50.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$32.00 Subsequent visit - \$32.00
Health management / Healthy lifestyle	2	\$100 per person up to \$200 per policy	Health management - \$100.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$62.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	12	\$200 per person	Orthotics supply & fit - \$100.00
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

General dental \$300 limit is for direct fillings. Cover also includes dental check ups with service limits, that are not part of the general dental annual limit. Endodontic, periodontic, oral surgery & occlusal treatment - combined limit of \$400. Crowns and Bridges - \$750 annual limit. Dentures - \$600 every 3 years from the date of service. Orthodontic accrues at \$250 per calendar year, up to lifetime limit of \$1,500 for Orthodontist (\$1,000 for General Dentist). Hearing aid limits increase from \$500 to \$1200 based on tenure and renews every 3 years from the date of service. 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> Psychology	<b>X</b> Remedial massage	<b>X</b> Other treatments - check with your insurer
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### Other features of this general treatment cover

\$500 combined annual limit for artificial aids (low vision aids, blood glucose monitors, foot orthotics). Foot orthotics is included under the artificial aids limit and has a sub-limit of \$200 (1 pair per person per year). Cover for Health Management Programs such as weight management, with a limit of \$100 per person/ \$200 per family policy. Travel and accommodation limit of \$400 applies and \$800 annual limit for school accident benefit.

### 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.