

## Private Health Information Statement - Combined policy

### HCF MY FAMILY ADVANCED SILVER PLUS \$500 EXCESS

#### HCF

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

#### Monthly Premium

**\$793.05 #**

(before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Queensland

# 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.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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

### This policy ✗ does not include cover for

|                                  |                      |                       |
|----------------------------------|----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps      | ✗ Weight loss surgery |
| ✗ Cataracts                      | ✗ Joint replacements |                       |

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 \$1000 per policy per year.

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

**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

Affordable hospital cover packaged with flexible and comprehensive extras. Designed for growing families who want pregnancy cover and a range of extras services and therapies. No excess for accident related treatment and dependants under 25. Includes involuntary unemployment assistance, accident safeguard, 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 \*: Features a combined limit of \$1,200 per person per calendar year. A higher psychology benefit (\$100) may apply after Medicare Mental Health Treatment Plan is used up.*

| Treatment       | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|-----------------|-------------------------|--|--|
| General dental* | 2                       | \$1,200 per person<br>(combined limit for general dental, major dental, endodontic, orthodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, blood glucose monitors, chinese medicine, dietetics/dietary advice, exercise physiology, health management / healthy lifestyle, occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy, vaccinations & other services)<br>\$2,100 lifetime limit for Orthodontic | Periodic oral examination - \$35.00<br>Scale & clean - \$65.00<br>Fluoride treatment - \$28.00 |
| Major dental*   | 12                      |  | Surgical tooth extraction - \$184.00<br>Full crown veneered - \$900.00                         |
| Endodontic*     | 12                      |  | Filling of one root canal - \$170.00   |
| Orthodontic*    | 12                      |  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00          |
| Optical         | 2                       | \$250 per person   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |

|  |    |                                     |   |
|--|----|-------------------------------------|---|
| Non PBS pharmaceuticals*               | 2  | Combined limit - see General dental | Per eligible prescription - \$50.00                   |
| Physiotherapy*                         | 2  | Combined limit - see General dental | Initial visit - \$58.00<br>Subsequent visit - \$49.00 |
| Chiropractic*                          | 2  | Combined limit - see General dental | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Podiatry*                              | 2  | Combined limit - see General dental | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Psychology*                            | 2  | Combined limit - see General dental | Initial visit - \$65.00<br>Subsequent visit - \$65.00 |
| Acupuncture*                           | 2  | Combined limit - see General dental | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Remedial massage*                      | 2  | Combined limit - see General dental | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Blood glucose monitors*                | 12 | Combined limit - see General dental | Per monitor - \$45.00                                 |
| Chinese medicine                       | 2  | Combined limit - see General dental | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Dietetics/dietary advice*              | 2  | Combined limit - see General dental | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Exercise physiology*                   | 2  | Combined limit - see General dental | Initial visit - \$33.00<br>Subsequent visit - \$33.00 |
| Health management / Healthy lifestyle* | 2  | Combined limit - see General dental | Health management - \$150.00                          |
| Occupational therapy*                  | 2  | Combined limit - see General dental | Initial visit - \$62.00<br>Subsequent visit - \$62.00 |
| Orthotics (podiatric orthoses)*        | 12 | Combined limit - see General dental | Orthotics supply & fit - \$110.00                     |
| Osteopathy*                            | 2  | Combined limit - see General dental | Initial visit - \$48.00<br>Subsequent visit - \$41.00 |
| Speech therapy*                        | 2  | Combined limit - see General dental | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Vaccinations*                          | 2  | Combined limit - see General dental | Per service - \$50.00                                 |

A comprehensive flexible extras package that covers a range of services particularly for growing families. In chair teeth whitening treatment provided by a dentist included, a service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. Orthodontic limit for other dentists is \$350 annual limit and \$1,050 lifetime limit. Health Management Programs include ante/post natal services such as child birth education classes, lactation consults, pregnancy compression garments & Australian Breastfeeding Assoc fees. 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** Hearing aids

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

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

### 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.