

## Private Health Information Statement - Combined policy

### HCF MY FUTURE 750 BASIC PLUS

#### HCF

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

#### Monthly Premium

**\$294.12<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
 Available in Queensland

<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

|                          |                                            |                                 |
|--------------------------|--------------------------------------------|---------------------------------|
| ✓ Bone, joint and muscle | ✓ Joint reconstructions                    | R Hospital psychiatric services |
| ✓ Dental surgery         | ✓ Miscarriage and termination of pregnancy | R Palliative care               |
| ✓ Ear, nose and throat   | ✓ Skin                                     | R Rehabilitation                |
| ✓ Gynaecology            | ✓ Sleep studies                            |                                 |
| ✓ Hernia and appendix    | ✓ Tonsils, adenoids and grommets           |                                 |

This policy **✗ does not include** cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                          | ✗ Digestive system                | ✗ Male reproductive system                                                          |
| ✗ Back, neck and spine                                    | ✗ Eye (not cataracts)             | ✗ Pain management                                                                   |
| ✗ Blood                                                   | ✗ Gastrointestinal endoscopy      | ✗ Pain management with device                                                       |
| ✗ Brain and nervous system                                | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Breast surgery (medically necessary)                    | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✗ Cataracts                                               | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                                               |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Joint replacements              | ✗ Weight loss surgery                                                               |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Kidney and bladder              |                                                                                     |
| ✗ Dialysis for chronic kidney failure                     | ✗ Lung and chest                  |                                                                                     |

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)

Date statement issued: 01 April 2026

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
- 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

An affordable and 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, 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 \$600 per person per calendar year. General dental includes 100% back on 1 check-up, 1 scale and clean and 1 fluoride at participating No Gap providers and subject to annual limit. A higher psychology benefit (\$55) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.*

| Treatment         | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                                      | Examples of maximum benefits                                                                   |
|-------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| General dental*   | 2                       | \$600 per person<br>(combined limit for general dental, major dental, endodontic, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, exercise physiology, osteopathy, vaccinations & other services) | Periodic oral examination - \$29.00<br>Scale & clean - \$57.00<br>Fluoride treatment - \$25.00 |
| Major dental*     | 12                      |                                                                                                                                                                                                                                             | Surgical tooth extraction - \$156.00                                                           |
| Endodontic*       | 12                      |                                                                                                                                                                                                                                             | Filling of one root canal - \$138.00                                                           |
| Physiotherapy*    | 2                       |                                                                                                                                                                                                                                             | Initial visit - \$38.00<br>Subsequent visit - \$32.00                                          |
| Chiropractic*     | 2                       |                                                                                                                                                                                                                                             | Initial visit - \$30.00<br>Subsequent visit - \$26.00                                          |
| Psychology*       | 2                       |                                                                                                                                                                                                                                             | Initial visit - \$35.00<br>Subsequent visit - \$35.00                                          |
| Acupuncture*      | 2                       |                                                                                                                                                                                                                                             | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                          |
| Remedial massage* | 2                       |                                                                                                                                                                                                                                             | Initial visit - \$27.00<br>Subsequent visit - \$27.00                                          |

|                      |   |                                                       |
|----------------------|---|-------------------------------------------------------|
| Chinese medicine*    | 2 | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Exercise physiology* | 2 | Initial visit - \$26.00<br>Subsequent visit - \$26.00 |
| Osteopathy           | 2 | Initial visit - \$38.00<br>Subsequent visit - \$36.00 |
| Vaccinations         | 2 | Per service - \$50.00                                 |

Features a combined limit. Includes a range of no-gap services delivered through participating physiotherapists in selected states. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved online cognitive behavioural therapy courses). In chair treatment and home application teeth whitening provided by a dentist, service limits apply - in-chair treatment – max 8 teeth/session – or one take home kit; applies every 36 months.

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

|                                  |                      |                                                     |
|----------------------------------|----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors  | <b>X</b> Optical     | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids            | <b>X</b> Orthodontic |                                                     |
| <b>X</b> Non PBS pharmaceuticals | <b>X</b> Podiatry    |                                                     |

## 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.