

## Private Health Information Statement - General treatment policy

### SUPER MULTICOVER

#### HCF

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

#### Monthly Premium

**\$163.71<sup>#</sup>**

(before any rebate or insurer discount)

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

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 an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### 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 a range of services at HCF No Gap network, subject to annual limits. A higher psychology benefit (\$80) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Hearing aid limits increase from \$800 to \$1,800 based on tenure. Travel and accommodation limit \$400 (\$200 accommodation sub-limit). \$800 annual limit for school accident benefit.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|-------------------------|-------------------------|--|--|
| General dental*         | 2                       | \$550 per person<br>(Sub-limits apply)   | Periodic oral examination - \$37.00<br>Scale & clean - \$75.00<br>Fluoride treatment - \$28.00 |
| Major dental            | 12                      | \$500 per person<br>(combined limit for major dental & endodontic - Sub-limits apply)  | Surgical tooth extraction - \$210.00<br>Full crown veneered - \$700.00                         |
| Endodontic              | 12                      |  | Filling of one root canal - \$179.00   |
| Orthodontic             | 12                      | \$440 per person<br>\$2,640 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$440.00          |
| Optical*                | 2                       | \$250 per person   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$700 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)  | Per eligible prescription - \$50.00  |
| Physiotherapy*          | 2                       | \$600 per person<br>(combined limit for physiotherapy & eye therapy (orthoptics))  | Initial visit - \$55.00<br>Subsequent visit - \$42.00  |
| Chiropractic*           | 2                       | \$600 per person<br>(combined limit for chiropractic, exercise physiology & osteopathy - Sub-limits apply)                   | Initial visit - \$42.00<br>Subsequent visit - \$33.00  |
| Podiatry*               | 2                       | \$400 per person   | Initial visit - \$40.00<br>Subsequent visit - \$34.00  |
| Psychology*             | 2                       | \$600 per person   | Initial visit - \$46.00<br>Subsequent visit - \$46.00  |
| Acupuncture             | 2                       | \$600 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply) | 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 person<br>1 appliance(s) every 3 years  | Hearing aid - \$800.00                                |
| Blood glucose monitors                | 12 | \$600 per person<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 person  | 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 person  | 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 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy  | Initial visit - \$38.00<br>Subsequent visit - \$38.00 |
| Health management / Healthy lifestyle | 2  | \$200 per person up to \$400 per policy   | Health management - \$200.00                          |
| Occupational therapy                  | 2  | \$600 per person  | Initial visit - \$72.00<br>Subsequent visit - \$50.00 |
| Orthotics (podiatric orthoses)        | 12 | \$200 per person  | Orthotics supply & fit - \$100.00                     |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic   | Initial visit - \$45.00<br>Subsequent visit - \$35.00 |
| Speech therapy                        | 2  | \$500 per person  | Initial visit - \$83.00<br>Subsequent visit - \$51.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals  | Per service - \$50.00                                 |

Preventative and diagnostic dental is not included in general dental annual limit. Service limits apply. Crowns & Bridges, up to \$1,200 annual limit. Dentures, \$800 limit every 3 yrs. Orthodontic lifetime limit for other dentists, \$1,000. Other major dental combined annual limit of \$500. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses).

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

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

## 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

If you are a resident of TAS, you're covered under your state ambulance service scheme in TAS only. In other states (excluding QLD and SA), you are covered under state reciprocal agreements for emergency road ambulance only. If you aren't offered cover under any 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.