

## Private Health Information Statement - General treatment policy

### HEALTHCOVER EXTRAS ONLY

#### HCF

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

#### Monthly Premium

**\$232.60<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 South Australia  
 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 \*: 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                       | \$450 per person  | Periodic oral examination - \$34.00<br>Scale & clean - \$74.00<br>Fluoride treatment - \$27.00 |
| Major dental            | 12                      | \$750 per person  | Surgical tooth extraction - \$210.00<br>Full crown veneered - \$750.00                         |
| Endodontic              | 12                      | \$550 per person  | Filling of one root canal - \$164.00   |
| Orthodontic             | 12                      | \$400 per person<br>\$2,200 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00          |
| Optical*                | 2                       | \$210 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                       | \$750 per person<br>(combined limit for physiotherapy, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$55.00<br>Subsequent visit - \$49.00  |
| Chiropractic*           | 2                       | \$350 per person<br>(combined limit for chiropractic, exercise physiology & osteopathy)   | Initial visit - \$40.00<br>Subsequent visit - \$35.00  |
| Podiatry*               | 2                       | \$250 per person  | Initial visit - \$36.00<br>Subsequent visit - \$32.00  |
| Psychology              | 2                       | \$300 per person  | Initial visit - \$44.00<br>Subsequent visit - \$44.00  |
| Acupuncture             | 2                       | \$300 per person  | Initial visit - \$35.00<br>Subsequent visit - \$27.00  |
| Remedial massage        | 2                       | (combined limit for acupuncture, remedial massage & chinese medicine)   | Initial visit - \$35.00<br>Subsequent visit - \$27.00  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Hearing aids*                         | 12 | \$1,000 per person up to \$2,000 per policy<br>(combined limit for hearing aids & blood glucose monitors) | Hearing aid - \$1,000.00                              |
| Blood glucose monitors                | 24 |   | Per monitor - \$1,000.00                              |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture  | Initial visit - \$35.00<br>Subsequent visit - \$20.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Physiotherapy  | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Exercise physiology                   | 2  | Combined limit - see Chiropractic   | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy  | Initial visit - \$40.00<br>Subsequent visit - \$32.00 |
| Health management / Healthy lifestyle | 2  | \$150 per person up to \$300 per policy   | Health management - \$150.00                          |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy  | Initial visit - \$62.00<br>Subsequent visit - \$62.00 |
| Orthotics (podiatric orthoses)        | 12 | \$120 per person  | Orthotics supply & fit - \$120.00                     |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic   | Initial visit - \$50.00<br>Subsequent visit - \$40.00 |
| Speech therapy                        | 2  | Combined limit - see Physiotherapy  | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals  | Per service - \$50.00                                 |

Preventative & Diagnostic dental have service limits which are not included in the annual limit. Orthodontic accrues annually up to a lifetime limit of \$2,200 for Orthodontist (\$1,800 for General Dentist). Dentures - \$700 limit renews every 3 years from the date of service. Crowns & bridges receive an increased annual limit of \$1,000 after 5 years membership. Endodontic limit (\$550) includes In chair teeth whitening treatment provided by a dentist, surgical extractions and periodontic services. A service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. Mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses) included. A higher psychology benefit (\$75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Hearing aid limit renews every 3 years from the date of service. \$185 annual limit for orthopaedic shoes with a \$150 sub-limit on foot orthotics (foot orthotics limited to 1 pair per person per year).

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

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

### Other features of this general treatment cover

Healthcover Extras is a medium level of extras. Includes Health Management Programs to a limit of \$150 per person/\$300 per policy.

### Ambulance cover

In South Australia 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 SA 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.