Private Health Information Statement - General treatment policy

PREMIER EXTRAS

HCF	*Monthly Premium*	Covers two adults & dependants (3 or more people, only 2 of whom are adults)
http://www.hcf.com.au service@hcf.com.au 13 13 34	*$292.57 #* (before any rebate or insurer discount)	Available in Northern Territory Closed to new members

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

This policy must be purchased with a hospital policy.

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 a range of no-gap services through HCF More for You programs, at participating providers and 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.*

Treatment	*Waiting period (months)*	*Benefit limits (per 12 months unless otherwise stated)*	*Examples of maximum benefits*
General dental*	2	$500 per person	Periodic oral examination - $37.00 Scale & clean - $81.00 Fluoride treatment - $28.00
Major dental	12	$1,000 per person	Surgical tooth extraction - $210.00 Full crown veneered - $900.00
Endodontic	12	$600 per person (combined limit for endodontic & other services)	Filling of one root canal - $179.00
Orthodontic	12	$600 per person $2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - $600.00
Optical*	2	$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$700 per person (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - $50.00
Physiotherapy*	2	$800 per person (combined limit for physiotherapy, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - $62.00 Subsequent visit - $55.00
Chiropractic*	2	$350 per person (combined limit for chiropractic, exercise physiology & osteopathy)	Initial visit - $45.00 Subsequent visit - $37.00
Podiatry*	2	$300 per person	Initial visit - $45.00 Subsequent visit - $38.00
Psychology*	2	$600 per person	Initial visit - $46.00 Subsequent visit - $46.00
Acupuncture	2	$350 per person (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - $45.00 Subsequent visit - $35.00

Remedial massage	2		Initial visit - $45.00 Subsequent visit - $35.00
Hearing aids*	12	$1,500 per person up to $3,000 per policy 1 appliance(s) every 3 years (combined limit for hearing aids, blood glucose monitors & other services)	Hearing aid - $1,000.00
Blood glucose monitors	12		Per monitor - $150.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $45.00 Subsequent visit - $35.00
Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - $55.00 Subsequent visit - $55.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - $40.00 Subsequent visit - $40.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - $45.00 Subsequent visit - $38.00
Health management / Healthy lifestyle	2	$200 per person up to $400 per policy	Health management - $200.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - $72.00 Subsequent visit - $72.00
Orthotics (podiatric orthoses)	12	$150 per person (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - $150.00
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - $57.00 Subsequent visit - $47.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - $83.00 Subsequent visit - $83.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $50.00

Dental check-ups with service limits not in annual limits. A combined limit of $600 includes Endodontic, periodontic, oral surgery & In chair teeth whitening treatment provided by a dentist, a service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. Crowns & Bridges, $1000. Dentures limit of $900 renews every 3 yrs. Orthodontic lifetime limit of $2,200 for other dentist. $240 annual limit for orthopaedic shoes with $150 sub-limit on foot orthotics (foot orthotics limited to 1 pair/person/year). Benefits for HCF-approved artificial aids & hearing aids are included when taken with Top Hospital Gold. Hearing aids limit renews every 3 yrs. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved online cognitive behavioural therapy courses).

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

✗ Other treatments - check with your insurer

Other features of this general treatment cover

Health Dollars Loyalty Rewards accrue for 4 years up to a max $200/person/$400/policy/year. These can be used to reduce hospital excess or top up current extras benefits. A higher psychology benefit ($80) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.

Ambulance cover

In Northern Territory 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 NT 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.