

Private Health Information Statement - General treatment policy

HCF VITAL EXTRAS

HCF

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 13 13 34

Monthly Premium

\$75.27[#]

(before any rebate or insurer discount)

Covers only one person
 Available in Western Australia

[#] 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.

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 a range of no-gap services through HCF More for You programs, at HCF No Gap network providers and subject to annual limits. A higher psychology benefit (\$100) 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	No annual limit (no limit on preventative dental)	Periodic oral examination - \$35.00 Scale & clean - \$65.00 Fluoride treatment - \$28.00
Major dental	12	\$850 per policy (combined limit for major dental, endodontic & other services)	Surgical tooth extraction - \$184.00 Full crown veneered - \$850.00
Endodontic	12		Filling of one root canal - \$170.00
Orthodontic	12	\$700 per policy \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00
Optical*	2	\$250 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$180 per policy (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$50.00
Physiotherapy*	2	\$350 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$58.00 Subsequent visit - \$49.00
Chiropractic*	2	\$250 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$35.00
Podiatry*	2	\$200 per policy (combined limit for podiatry, audiology, dietetics/dietary advice, orthotics (podiatric orthoses) & speech therapy)	Initial visit - \$35.00 Subsequent visit - \$35.00
Psychology*	2	\$350 per policy (combined limit for psychology & occupational therapy)	Initial visit - \$65.00 Subsequent visit - \$65.00
Acupuncture	2	\$250 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply)	Initial visit - \$36.00 Subsequent visit - \$36.00
Remedial massage	2		Initial visit - \$36.00 Subsequent visit - \$36.00
Hearing aids	12	\$600 per policy 1 service(s) every 3 years	Hearing aid - \$600.00

Blood glucose monitors	12	\$45 per policy (combined limit for blood glucose monitors & other services)	Per monitor - \$45.00
Audiology	2	Combined limit - see Podiatry	Initial visit - \$60.00 Subsequent visit - \$60.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$36.00 Subsequent visit - \$36.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$33.00 Subsequent visit - \$33.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - \$150.00
Occupational therapy	2	Combined limit - see Psychology	Initial visit - \$62.00 Subsequent visit - \$62.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - \$110.00
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$48.00 Subsequent visit - \$41.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$60.00 Subsequent visit - \$60.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

Preventative and Diagnostic dental with service limits not included in annual limits. In chair treatment teeth whitening provided by a dentist, included in overall dental annual limit, service limits apply - 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. Foot orthotics annual limit capped at Year 1. Mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses) included. Travel & accommodation benefit \$200/policy and school accident benefit \$150/eligible person. Health management programs include HCF approved programs (e.g. exercise classes, group physio & group exercise physiology classes, weight management and learn to swim).

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

Many services have increasing limits with tenure, up to a maximum amount. See the HCF product summary for more information. Benefit for 615 Full crown veneered increases to \$900 in year 2 on Vital Extras.

Ambulance cover

In Western Australia this policy provides:

Emergency: with a waiting period of 1 day, limited to 1 services per year.

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 WA and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement, you have an annual service limit of 1 per person and 2 per policy for 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.