

## Private Health Information Statement - General treatment policy

### HCF ACTIVE EXTRAS

#### HCF

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

#### Monthly Premium

**\$194.25 #**

(before any rebate or insurer discount)

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

Available in Victoria

# 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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

### 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. Available at HCF No Gap network providers and subject to annual limits. Also includes 'Limit Boost', providing higher limits for popular services. A higher psychology benefit (\$102) 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                       | \$850 per person<br>(combined limit for general dental, major dental, endodontic & other services)                                      | Periodic oral examination - \$36.00<br>Scale & clean - \$66.00<br>Fluoride treatment - \$28.00 |
| Major dental            | 12                      |   | Surgical tooth extraction - \$191.00<br>Full crown veneered - \$850.00                         |
| Endodontic              | 12                      |   | Filling of one root canal - \$175.00   |
| Orthodontic             | 12                      | \$600 per person<br>\$1,800 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$600.00          |
| Optical*                | 2                       | \$225 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$180 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$50.00  |
| Physiotherapy*          | 2                       | \$400 per person<br>(combined limit for physiotherapy & exercise physiology)  | Initial visit - \$60.00<br>Subsequent visit - \$52.00  |
| Chiropractic*           | 2                       | \$300 per person<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$42.00<br>Subsequent visit - \$34.00  |
| Podiatry*               | 2                       | \$200 per person<br>(combined limit for podiatry, audiology, dietetics/dietary advice, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$36.00<br>Subsequent visit - \$31.00  |
| Psychology*             | 2                       | \$400 per person<br>(combined limit for psychology & occupational therapy)  | Initial visit - \$61.00<br>Subsequent visit - \$61.00  |
| Acupuncture             | 2                       | \$300 per person<br>(combined limit for acupuncture, remedial massage,  | Initial visit - \$37.00<br>Subsequent visit - \$37.00  |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Remedial massage                      | 2  | chinese medicine & other services - <b>Sub-limits apply</b> )  | Initial visit - \$37.00<br>Subsequent visit - \$37.00 |
| Hearing aids                          | 12 | \$600 per person<br>1 service(s) every 3 years   | Hearing aid - \$600.00                                |
| Blood glucose monitors                | 12 | \$45 per person up to \$150 per policy<br>(combined limit for blood glucose monitors & other services) | Per monitor - \$45.00                                 |
| Audiology                             | 0  | Combined limit - see Podiatry  | Initial visit - \$61.00<br>Subsequent visit - \$61.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture   | Initial visit - \$37.00<br>Subsequent visit - \$37.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry  | Initial visit - \$46.00<br>Subsequent visit - \$46.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$33.00<br>Subsequent visit - \$33.00 |
| Health management / Healthy lifestyle | 2  | \$100 per person up to \$200 per policy  | Health management - \$75.00                           |
| Occupational therapy                  | 2  | Combined limit - see Psychology  | Initial visit - \$62.00<br>Subsequent visit - \$62.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry  | Orthotics supply & fit - \$100.00                     |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic  | Initial visit - \$49.00<br>Subsequent visit - \$39.00 |
| Speech therapy                        | 2  | Combined limit - see Podiatry  | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals   | Per service - \$50.00                                 |

In chair teeth whitening treatment provided by a dentist included in the dental annual limit, a service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. \$300 annual limit for orthodontic by other dentists with lifetime limit of \$900. 12 month waiting period for foot orthotics, covered under podiatry (1 pair/person/year). Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses). Group Physio and group Exercise Physiology classes covered under health management programs. Sub-limit of \$200 applies per therapy service to remedial massage & myotherapy, acupuncture & Chinese herbal medicine. Hearing aid benefits accrue over time and renew every 3 years.

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

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

## Ambulance cover

In Victoria 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 VIC 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.