

## Private Health Information Statement - General treatment policy

### HCF ULTIMATE EXTRAS

#### HCF

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

#### Monthly Premium

**\$293.30 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Queensland

# 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 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 (\$126) 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<br>(no limit on preventative dental)                                                                                    | Periodic oral examination - \$42.00<br>Scale & clean - \$82.00<br>Fluoride treatment - \$30.00 |
| Major dental            | 12                      | \$1,300 per person<br>(combined limit for major dental, endodontic & other services)                                                    | Surgical tooth extraction - \$220.00<br>Full crown veneered - \$1,071.00                       |
| Endodontic              | 12                      |                                                                                                                                         | Filling of one root canal - \$200.00                                                           |
| Orthodontic             | 12                      | \$800 per person<br>\$2,400 lifetime limit                                                                                              | Braces for upper & lower teeth, including removal plus fitting of retainer - \$800.00          |
| Optical*                | 2                       | \$300 per person                                                                                                                        | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$280 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                                         | Per eligible prescription - \$50.00                                                            |
| Physiotherapy*          | 2                       | \$900 per person<br>(combined limit for physiotherapy & exercise physiology)                                                            | Initial visit - \$66.00<br>Subsequent visit - \$57.00                                          |
| Chiropractic*           | 2                       | \$450 per person<br>(combined limit for chiropractic & osteopathy)                                                                      | Initial visit - \$50.00<br>Subsequent visit - \$40.00                                          |
| Podiatry*               | 2                       | \$600 per person<br>(combined limit for podiatry, audiology, dietetics/dietary advice, orthotics (podiatric orthoses) & speech therapy) | Initial visit - \$43.00<br>Subsequent visit - \$38.00                                          |
| Psychology*             | 2                       | \$900 per person<br>(combined limit for psychology & occupational therapy)                                                              | Initial visit - \$78.00<br>Subsequent visit - \$78.00                                          |
| Acupuncture             | 2                       | \$500 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> )    | Initial visit - \$45.00<br>Subsequent visit - \$45.00                                          |
| Remedial massage        | 2                       |                                                                                                                                         | Initial visit - \$45.00<br>Subsequent visit - \$45.00                                          |

|                                       |    |                                                                                                        |                                                       |
|---------------------------------------|----|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Hearing aids                          | 12 | \$800 per person<br>1 service(s) every 3 years                                                         | Hearing aid - \$800.00                                |
| Blood glucose monitors                | 12 | \$59 per person up to \$250 per policy<br>(combined limit for blood glucose monitors & other services) | Per monitor - \$59.00                                 |
| Audiology                             | 2  | Combined limit - see Podiatry                                                                          | Initial visit - \$75.00<br>Subsequent visit - \$75.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                       | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry                                                                          | Initial visit - \$59.00<br>Subsequent visit - \$59.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                     | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Health management / Healthy lifestyle | 2  | \$175 per person up to \$350 per policy                                                                | Health management - \$150.00                          |
| Occupational therapy                  | 2  | Combined limit - see Psychology                                                                        | Initial visit - \$72.00<br>Subsequent visit - \$72.00 |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry                                                                          | Orthotics supply & fit - \$139.00                     |
| Osteopathy*                           | 2  | Combined limit - see Chiropractic                                                                      | Initial visit - \$62.00<br>Subsequent visit - \$57.00 |
| Speech therapy                        | 2  | Combined limit - see Podiatry                                                                          | Initial visit - \$83.00<br>Subsequent visit - \$83.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals                                                           | Per service - \$50.00                                 |

General dental service limits apply. 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. \$400 annual limit for orthodontic by general dentists with lifetime limit of \$1,200. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved OCBT courses). Group Physio & group Exercise Physiology classes covered under health management programs. Sub-limit of \$300 applies per therapy service to remedial massage & myotherapy, acupuncture & Chinese herbal medicine. 12 month waiting period for foot orthotics covered under podiatry (1 pair/person/year applies). Hearing aid benefits accrue over time and renew every 3 years. Travel and accommodation benefit \$250 per policy/year & school accident benefit with a \$225 annual limit/eligible child.

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 Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

### Other features of this ambulance cover

If you are a resident of QLD you're covered under your state ambulance service scheme Australia-wide and benefits for ambulance services are not payable under your HCF policy.

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.