

Private Health Information Statement - General treatment policy

HCF Choose My Extras

HCF

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 13 13 34

Monthly Premium

\$67.98 #

(before any rebate or insurer discount)

Covers only one person
 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.

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 *: Choose any 4 services marked with an asterisk* in the list below: Major Dental & Endodontic count as 1 selection, Chiropractic & Osteopathy count as 1 selection, Physio & Exercise Physiology count as 1 selection, Mental Health Services includes Psychology, OCBT, Social Worker, & Counselling and counts as 1 selection, Natural Therapies includes Remedial Massage, Myotherapy, Chinese Herbal Medicine & Acupuncture and counts as 1 selection, Ante-natal & Post-natal consultations are included in Health Management Programs. General dental includes 100% back on 1 check-up, 1 scale and clean and 1 fluoride at participating No Gap providers, subject to annual limit

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$350 per policy (no limit on preventative dental)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental*	12	\$500 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic*	12		Filling of one root canal - 60% of charge
Orthodontic*	12	\$450 per policy \$1,950 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical*	2	\$225 per policy	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Physiotherapy*	2	\$350 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic*	2	\$200 per policy (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry*	2	\$200 per policy (combined limit for podiatry & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology*	2	\$300 per policy (combined limit for psychology & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture*	2	\$200 per policy (combined limit for acupuncture, remedial massage & chinese medicine)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage*	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Ante-natal/Post-natal classes*	2	\$125 per policy (combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine*	2	Combined limit - see Acupuncture	Initial visit - 60% of charge Subsequent visit - 60% of charge

Dietetics/dietary advice*	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology*	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle*	2	Combined limit - see Ante-natal/Post-natal classes	Health management - 60% of charge
Occupational therapy*	2	\$300 per policy (combined limit for occupational therapy & speech therapy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy*	2	Combined limit - see Occupational therapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations*	2	\$180 per policy	Per service - 60% of charge

Loyalty annual limits apply to selected services. Annual limits displayed are at Year 1 limits. Members have the flexibility to swap service selections as needed, within the calendar year, as long as a claim has not been made on that service. Waiting periods and fund rules apply.

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

X Blood glucose monitors	X Non PBS pharmaceuticals
X Hearing aids	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.