Private Health Information Statement - General treatment policy

GENERAL EXTRAS ONLY

HCF	Monthly Premium	Covers one adult & dependants (2 or more people, only one of whom is an adult)
http://www.hcf.com.au service@hcf.com.au 13 13 34	*$94.80 #* (before any rebate or insurer discount)	Available in NSW & ACT 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

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 *: Includes 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, and 100% back on an initial physio, chiro and osteo consult, at participating providers and subject to annual limits.*

Treatment	*Waiting period (months)*	*Benefit limits (per 12 months unless otherwise stated)*	*Examples of maximum benefits*
General dental*	2	$400 per person	Periodic oral examination - $30.00 Scale & clean - $57.00 Fluoride treatment - $27.00
Major dental	12	$300 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - $150.00 Full crown veneered - n/a
Endodontic	12		Filling of one root canal - $115.00
Orthodontic	12	$250 per person $1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - $250.00
Optical*	2	$180 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - $50.00
Physiotherapy*	2	$500 per person (combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services - **Sub-limits apply**)	Initial visit - $33.00 Subsequent visit - $23.00
Chiropractic*	2		Initial visit - $30.00 Subsequent visit - $21.00
Acupuncture	2		Initial visit - $22.00 Subsequent visit - $10.00
Remedial massage	2		Initial visit - $22.00 Subsequent visit - $10.00
Chinese medicine	2		Initial visit - $22.00 Subsequent visit - $10.00
Exercise physiology	2		Initial visit - $25.00 Subsequent visit - $20.00
Eye therapy (orthoptics)	2		Initial visit - $20.00 Subsequent visit - $20.00
Occupational therapy	2		Initial visit - $40.00 Subsequent visit - $30.00

Osteopathy*	2		Initial visit - $30.00 Subsequent visit - $22.00
Speech therapy	2		Initial visit - $40.00 Subsequent visit - $30.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $50.00
General dental $400 limit is for direct fillings. Cover also includes dental check ups with service limits, that are not part of the general dental annual limit. Occlusal therapy, periodontics, crowns, bridges, implants and dentures are not covered. Orthodontic accrues at $250 per calendar year, up to lifetime limit of $1,500 for Orthodontists ($1,000 lifetime limit for General Dentist). Sub-limit of $250 each for chiro, osteo and exercise physiology. Combined sub-limit of $200 for speech and occupational therapy. Combined sub-limit of $100 for accupuncture, Chinese herbal medicine, remedial massage and myotherapy. Lower benefits for physio, chiro and osteo after the 11th visit. HCF-approved Online Cognitive Behavioural Therapy courses with a separate annual limit per person/ per policy.			

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

✗ Blood glucose monitors	✗ Podiatry	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Psychology	

Other features of this general treatment cover

Includes school accident benefit of up to $400 annual limit to help pay for out-of-pocket expenses for extras in your cover (per eligible child).

Ambulance cover

In NSW & ACT 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

For all NSW and ACT residents who aren't offered cover under another arrangement there is unlimited emergency ambulance cover received within NSW or the ACT. For emergency ambulance services received outside of NSW or ACT there is an annual limit 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.