

## Private Health Information Statement - General treatment policy

### GENERAL EXTRAS

#### HCF

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

#### Monthly Premium

**\$89.51 #**

(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 Tasmania  
 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, 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.

### 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 - <b>Sub-limits apply</b> )	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). HCF-approved Online Cognitive Behavioural Therapy courses are included with a separate annual limit per person/ per policy. 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 acupuncture, Chinese herbal medicine, remedial massage and myotherapy. Lower benefits for physio, chiro and osteo after the 11th visit.

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

<b>X</b> Blood glucose monitors	<b>X</b> Podiatry	<b>X</b> Other treatments - check with your insurer
<b>X</b> Hearing aids	<b>X</b> 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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

#### Other features of this ambulance cover

If you are a resident of TAS, you're covered under your state ambulance service scheme in TAS only. In other states (excluding QLD and SA), you are covered under the state agreements for emergency road ambulance only. If you aren't offered cover under any arrangement, you unlimited 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.