Private Health Information Statement - Combined policy

TOP ADVANCED HOSPITAL GOLD NIL EXCESS & MULTICOVER

HCF	*Monthly Premium*	Covers two adults & dependants (3 or more people, only 2 of whom are adults)
http://www.hcf.com.au service@hcf.com.au 13 13 34	*$814.67 #* (before any rebate, loading or discount)	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 a Lifetime Health Cover loading or 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.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ **Covered**
For information on what is covered under each category, see https://privatehealth.gov.au/categories

R **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for

which hospitals have arrangements with your insurer – https://privatehealth.gov.au/dynamic/agreementhospitals.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: No excess

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product.

The Medical Costs Finder lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Top hospital cover for peace of mind. No excess for accident related treatment, dependants under 25 and same day procedures. Includes involuntary unemployment assistance, travel and accommodation benefits for hospital admission and cover for unlimited emergency ambulance trips. See fund rules for more information. Access to over 100 exclusive offers through HCF Thank You program. For more information visit: www.hcf.com.au/thankyou.

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 *: A higher psychology benefit ($75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year. Sub-limits may apply. See fund rules for more information.*

Treatment	*Waiting period (months)*	*Benefit limits (per 12 months unless otherwise stated)*	*Examples of maximum benefits*
General dental*	2	$550 per person **(Sub-limits apply)**	Periodic oral examination - $34.00 Scale & clean - $69.00 Fluoride treatment - $27.00
Major dental*	12	$2,220 per person (combined limit for major dental, endodontic & other services - **Sub-limits apply**)	Surgical tooth extraction - $182.00 Full crown veneered - $580.00
Endodontic*	12		Filling of one root canal - $164.00
Orthodontic*	12	$440 per person $2,640 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - $440.00
Optical	2	$220 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$600 per person	Per eligible prescription - $50.00
Physiotherapy*	2	$600 per person	Initial visit - $46.00 Subsequent visit - $36.00
Chiropractic*	2	$375 per person (combined limit for chiropractic, exercise physiology & osteopathy)	Initial visit - $35.00 Subsequent visit - $28.00
Podiatry	2	$200 per person	Initial visit - $35.00 Subsequent visit - $27.00

Psychology*	2	$300 per person	Initial visit - $44.00 Subsequent visit - $44.00
Acupuncture	2	$200 per person (combined limit for acupuncture & chinese medicine - **Sub-limits apply**)	Initial visit - $32.00 Subsequent visit - $25.00
Remedial massage	2	$200 per person	Initial visit - $32.00 Subsequent visit - $25.00
Hearing aids*	12	$600 per person 1 appliance(s) every 3 years	Hearing aid - $600.00
Blood glucose monitors*	12	$500 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - $150.00
Audiology	2	$500 per person **(Sub-limits apply)**	Initial visit - $52.00 Subsequent visit - $35.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $32.00 Subsequent visit - $25.00
Dietetics/dietary advice	2	$300 per person	Initial visit - $50.00 Subsequent visit - $40.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - $32.00 Subsequent visit - $30.00
Health management / Healthy lifestyle	2	$150 per person up to $300 per policy	Health management - $150.00
Occupational therapy	2	$500 per person	Initial visit - $62.00 Subsequent visit - $40.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - $40.00 Subsequent visit - $30.00

General dental includes dental check-ups with service limits not in annual limit. Endodontic, periodontic, oral surgery & occlusal treatment - combined limit of $500. Dentures - $800 every 3 yrs. Ortho accrues at $440 per calendar year up to lifetime limit of $2,640 for Orthodontist ($1,000 for General Dentist). Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved online cognitive behavioural therapy courses).

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

✗ Other treatments - check with your insurer

Other features of this general treatment cover

$200 limit per person applies to Audiology. Combined Chiropractic limit increases at $100 per year, up to $1,000. A sublimit of $375 per person applies to chiropractic, osteopathy and exercise physiology. Hearing aid limit increases from $600 to $1,600 based on tenure. Per hearing aid benefit is the total payable for hearing aids. Health Management Program limit of $150pp / $300 per family. Lower benefits apply for physio, chiro & osteo after 11th visit. A higher psychology benefit ($75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.

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.

Other features of this ambulance cover

Benefits are not payable when covered by another third party or other funding arrangement, such as a State government scheme. See fund rules for more information.

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.