

## Private Health Information Statement - Combined policy

### HOSPITAL ADVANCED SAVINGS SILVER PLUS & GENERAL EXTRAS

#### HCF

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

#### Monthly Premium

**\$500.73<sup>#</sup>**

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in South Australia  
 Closed to new members

<sup>#</sup> 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.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

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

This policy ✗ does not include cover for

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](https://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:** You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for accidents or dependants.

**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

Comprehensive hospital cover for peace of mind. No excess for accident related treatment and dependants under 25. Includes 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](http://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 \*: 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<br>Scale & clean - \$57.00<br>Fluoride treatment - \$27.00 |
| Major dental    | 12                      | \$300 per person<br>(combined limit for major dental & endodontic) | Surgical tooth extraction - \$150.00<br>Full crown veneered - n/a                              |
| Endodontic      | 12                      |  | Filling of one root canal - \$115.00   |
| Orthodontic     | 12                      | \$250 per person<br>\$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<br>Multi-focal lenses & frames - 100% of charge |

|                          |   |  |   |
|--------------------------|---|--|---|
| Non PBS pharmaceuticals  | 2 | \$500 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)  | Per eligible prescription - \$50.00                   |
| Physiotherapy*           | 2 | \$500 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$33.00<br>Subsequent visit - \$23.00 |
| Chiropractic*            | 2 |  | Initial visit - \$30.00<br>Subsequent visit - \$21.00 |
| Acupuncture              | 2 |  | Initial visit - \$22.00<br>Subsequent visit - \$10.00 |
| Remedial massage         | 2 |  | Initial visit - \$22.00<br>Subsequent visit - \$10.00 |
| Exercise physiology      | 2 |  | Initial visit - \$25.00<br>Subsequent visit - \$20.00 |
| Eye therapy (orthoptics) | 2 |  | Initial visit - \$20.00<br>Subsequent visit - \$20.00 |
| Occupational therapy     | 2 |  | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Osteopathy*              | 2 |  | Initial visit - \$30.00<br>Subsequent visit - \$22.00 |
| Speech therapy           | 2 |  | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Vaccinations             | 2 |  | Combined limit - see Non PBS pharmaceuticals          |

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 acupuncture, 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 **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

In South Australia 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

If you are a resident of SA and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement, you have 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.