

Private Health Information Statement - Combined policy

HCF

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13 13 34

Monthly Premium

\$299.54[#]

(before any rebate, loading or discount)

Covers only one person

Available in South Australia

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.

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.

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Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
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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.
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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

- ✗

Weight loss surgery

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 \$450 per admission. This is limited to a maximum of \$450 per person and \$450 per policy per year.

Excess payments do not apply to hospital admissions for accidents.

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.

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, osteo and podiatry consult, at participating providers and subject to annual limits. A higher psychology benefit (\$75) may apply after Medicare Mental Health Treatment Plan is used up for the remainder of the calendar year.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$550 per policy	Periodic oral examination - \$34.00 Scale & clean - \$69.00 Fluoride treatment - \$27.00
Major dental	12	\$2,220 per policy (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 policy \$2,640 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$440.00
Optical*	2	\$220 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy*	2	\$600 per policy (combined limit for physiotherapy & eye therapy (orthoptics))	Initial visit - \$46.00 Subsequent visit - \$36.00

Chiropractic*	2	\$600 per policy (combined limit for chiropractic, exercise physiology & osteopathy - Sub-limits apply)	Initial visit - \$35.00 Subsequent visit - \$28.00
Podiatry*	2	\$200 per policy	Initial visit - \$35.00 Subsequent visit - \$27.00
Psychology*	2	\$300 per policy	Initial visit - \$44.00 Subsequent visit - \$44.00
Acupuncture	2	\$200 per policy (combined limit for acupuncture & chinese medicine - Sub-limits apply)	Initial visit - \$32.00 Subsequent visit - \$25.00
Remedial massage	2	\$200 per policy	Initial visit - \$32.00 Subsequent visit - \$25.00
Hearing aids	12	\$600 per policy 1 appliance(s) every 3 years	Hearing aid - \$600.00
Blood glucose monitors	12	\$500 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - \$150.00
Audiology	2	\$500 per policy (combined limit for audiology & speech therapy - 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 policy	Initial visit - \$50.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$32.00 Subsequent visit - \$32.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - \$150.00
Occupational therapy	2	\$500 per policy	Initial visit - \$62.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	12	\$200 per policy	Orthotics supply & fit - \$100.00
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Audiology	Initial visit - \$60.00 Subsequent visit - \$40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

See product summary for further details regarding dental limits. Includes mental health services (psychology, HCF-approved counselling, accredited mental health social worker and HCF-approved online cognitive behavioural therapy courses). Orthodontic lifetime limit for other dentists is a maximum of \$1,000.

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

X Other treatments - check with your insurer

Other features of this general treatment cover

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

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.