

## Private Health Information Statement - Combined policy

### TOP ADVANCED HOSPITAL GOLD \$250 EXCESS & GENERAL EXTRAS

#### HCF

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

#### Monthly Premium

**\$351.35 #**

(before any rebate, loading or discount)

Covers only one person  
 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.

### 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)             | ✓ 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](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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 per policy per year.

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

**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](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 *: 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                       | \$400 per policy<br>(Sub-limits apply)   | Periodic oral examination - \$30.00<br>Scale & clean - \$57.00<br>Fluoride treatment - \$27.00 |
| Major dental*  | 12                      | \$300 per policy<br>(combined limit for major dental & endodontic)   | Surgical tooth extraction - \$150.00   |
| Endodontic*  | 12                      |  | Filling of one root canal - \$115.00   |
| Orthodontic*   | 12                      | \$250 per policy<br>\$1,500 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$250.00          |
| Optical  | 2                       | \$180 per policy   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals  | 2                       | \$500 per policy   | Per eligible prescription - \$50.00  |
| Physiotherapy*   | 2                       | \$500 per policy<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology, occupational therapy, osteopathy, speech therapy & other services - Sub-limits apply) | 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 |
| Chinese medicine   | 2 | Initial visit - \$22.00<br>Subsequent visit - \$10.00 |
| Exercise physiology  | 2 | Initial visit - \$25.00<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 |
| <p>General dental includes dental check-ups which have service limits not included in annual limit. Only oral surgery and endodontics covered under major dental. Sublimit of \$250 each for chiro, osteo &amp; exercise physiology. Combined sublimit of \$200 for speech &amp; occupational therapy. Combined sublimit of \$100 for Acupuncture, Chinese herbal medicine consultation &amp; remedial massage. Lower benefits apply for physiotherapy, chiropractic &amp; osteopathy after the 11th visit. HCF-approved Online Cognitive Behavioural Therapy courses with a separate annual limit per person/ per policy.</p> |   |   |

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

Orthodontic accrues at \$250 per calendar year, up to lifetime limit of \$1,500 for Orthodontist (\$1,000 for General Dentist).

#### 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

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.