

## Private Health Information Statement - General treatment policy

### HCF CORPORATE FLEXI EXTRAS ADVANCED

#### HCF

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

#### Monthly Premium

**\$170.26<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Northern Territory

<sup>#</sup> 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 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.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

### 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 \*: Maximum of 2 dental check-ups a year with 100% back at More for Teeth dentists in our No-Gap network that doesn't count towards your annual limits (excludes fluoride treatment on second check-up). For Teeth whitening, this has a service limit of an in-chair treatment with a maximum of 8 teeth/session or 1 take-home kit; this applies every 36 months.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                                                                                                                                                                                                                                                                      | Examples of maximum benefits                                                                                                                                  |
|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General dental*         | 2                       | \$850 per person<br>(combined limit for general dental, major dental, endodontic, orthodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), health management / healthy lifestyle, occupational therapy, orthotics (podiatric orthoses), osteopathy, speech therapy & vaccinations) | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Major dental            | 12                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Full crown veneered - 60% of charge                                                                                                                           |
| Endodontic              | 12                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Filling of one root canal - 60% of charge                                                                                                                     |
| Orthodontic             | 12                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                                                   |
| Optical                 | 2                       | \$225 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                |
| Non PBS pharmaceuticals | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Per eligible prescription - 60% of charge                                                                                                                     |
| Physiotherapy           | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Chiropractic            | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Podiatry                | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Psychology              | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Acupuncture             | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Remedial massage        | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                                                                                                                                                                                         | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |

|                                                                                                                                                                                                                                                                 |    |                                     |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------|-------------------------------------------------------------------|
| Ante-natal/Post-natal classes                                                                                                                                                                                                                                   | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Chinese medicine                                                                                                                                                                                                                                                | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Dietetics/dietary advice                                                                                                                                                                                                                                        | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Exercise physiology                                                                                                                                                                                                                                             | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Eye therapy (orthoptics)                                                                                                                                                                                                                                        | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Health management / Healthy lifestyle                                                                                                                                                                                                                           | 2  | Combined limit - see General dental | Health management - 60% of charge                                 |
| Occupational therapy                                                                                                                                                                                                                                            | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                                  | 12 | Combined limit - see General dental | Orthotics supply & fit - 60% of charge                            |
| Osteopathy                                                                                                                                                                                                                                                      | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Speech therapy                                                                                                                                                                                                                                                  | 2  | Combined limit - see General dental | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Vaccinations                                                                                                                                                                                                                                                    | 2  | Combined limit - see General dental | Per service - 60% of charge                                       |
| Includes mental health services such as, HCF-approved counselling, accredited mental health social worker - includes group/individual consultations and HCF-approved Online Cognitive Behavioural Therapy courses. This is shared with the limit of Psychology. |    |                                     |                                                                   |

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

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

#### Other features of this general treatment cover

Offers a combined annual limit of \$850, plus a separate optical limit of \$180 per person per calendar year and orthodontic limits of \$850 per person per year, with a lifetime orthodontic limit of \$1,800. Includes a range of no-gap services available through participating dental providers in selected states, depending on level of cover.

## Ambulance cover

In Northern Territory 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

Cover for unlimited air, land and sea emergency ambulance trips and treatment by paramedics in Australia for services provided by recognised Ambulance Service Providers. 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.