

## Private Health Information Statement - General treatment policy

### HCF CORPORATE SELECT EXTRAS

#### HCF

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

#### Monthly Premium

**\$73.24 #**

(before any rebate or insurer discount)

Covers only one person  
Available in NSW & ACT

# 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 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 \*: Choose any 4 asterisk-marked services. Major Dental and Endodontic count as one selection; Chiropractic and Osteopathy as one; Physio and Exercise Physiology as one; and Mental Health Services—including Psychology, OCBT, Social Work and Counselling—count as one. Remedial Massage and Myotherapy count as one, Chinese Herbal Medicine and Acupuncture count as one, Vaccinations and non-PBS pharmaceuticals count as one, Podiatry and Orthotics (podiatric orthoses) count as one. General Dental includes 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 annual limits (excludes fluoride treatment on second check-up)*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                             | Examples of maximum benefits                                                                                                                                  |
|--------------------------|-------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General dental*          | 2                       | \$500 per policy                                                                   | 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                      | \$500 per policy<br>(combined limit for major dental & endodontic)                 | Full crown veneered - 60% of charge                                                                                                                           |
| Endodontic*              | 12                      |                                                                                    | Filling of one root canal - 60% of charge                                                                                                                     |
| Orthodontic*             | 12                      | \$600 per policy<br>\$1,800 lifetime limit                                         | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                                                   |
| Optical*                 | 2                       | \$200 per policy                                                                   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                |
| Non PBS pharmaceuticals* | 2                       | \$300 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)    | Per eligible prescription - 60% of charge                                                                                                                     |
| Physiotherapy*           | 2                       | \$350 per policy<br>(combined limit for physiotherapy & exercise physiology)       | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Chiropractic*            | 2                       | \$350 per policy<br>(combined limit for chiropractic & osteopathy)                 | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Podiatry*                | 2                       | \$250 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Psychology*              | 2                       | \$250 per policy                                                                   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Acupuncture*             | 2                       | \$150 per policy<br>(combined limit for acupuncture & chinese medicine)            | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |

|                                                                                                                                                                                          |    |                                                |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------|-------------------------------------------------------------------|
| Remedial massage*                                                                                                                                                                        | 2  | \$180 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Blood glucose monitors                                                                                                                                                                   | 12 | \$300 per policy<br>1 service(s) every 3 years | Per monitor - 60% of charge                                       |
| Ante-natal/Post-natal classes*                                                                                                                                                           | 2  | \$200 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Chinese medicine*                                                                                                                                                                        | 2  | Combined limit - see Acupuncture               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Dietetics/dietary advice*                                                                                                                                                                | 2  | \$200 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Exercise physiology*                                                                                                                                                                     | 2  | Combined limit - see Physiotherapy             | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Eye therapy (orthoptics)*                                                                                                                                                                | 2  | \$200 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Health management / Healthy lifestyle*                                                                                                                                                   | 2  | \$200 per policy                               | Health management - 60% of charge                                 |
| Occupational therapy*                                                                                                                                                                    | 2  | \$200 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses)*                                                                                                                                                          | 12 | Combined limit - see Podiatry                  | Orthotics supply & fit - 60% of charge                            |
| Osteopathy*                                                                                                                                                                              | 2  | Combined limit - see Chiropractic              | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Speech therapy*                                                                                                                                                                          | 2  | \$200 per policy                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Vaccinations*                                                                                                                                                                            | 2  | Combined limit - see Non PBS pharmaceuticals   | Per service - 60% of charge                                       |
| Members have the flexibility to swap service selections as needed, within the calendar year, as long as a claim has not been made on that service. Waiting periods and fund rules apply. |    |                                                |                                                                   |

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

|                       |                                                     |
|-----------------------|-----------------------------------------------------|
| <b>✗</b> Hearing aids | <b>✗</b> Other treatments - check with your insurer |
|-----------------------|-----------------------------------------------------|

## Ambulance cover

In NSW & ACT 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.