

MULTICOVER EXTRAS PRODUCT SUMMARY

Quality comprehensive extras cover for a range of services and therapies.

FEATURES



BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS

through HCF Thank You



EXTRAS INCLUDES:

- Cover for a full range of services including dental, orthodontics, optical, physio, other therapies and health aids
- ✓ HCF-approved pharmacy benefit
- Claim on a range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions

GET 100% BACK ON POPULAR EXTRAS*

You can get 100% back at extras providers in our No-Gap network, depending on your cover and annual limits*. Including:

- 2 dental check-ups a year
- a pair of prescription glasses from a selected range[^] and you'll also get free digital retinal imaging with your eye test
- ✓ a first visit to a physio, chiro and osteo#
- ✓ a first visit to a podiatrist[#].
- * Waiting periods and annual limits apply. Providers are subject to change. We recommend that you confirm the provider prior to booking your appointment. See hcf.com.au/100back
- Up to a maximum limit. See extras table for details
 At participating providers. Up to your annual limits. Excludes add-ons like high index material, coatings and tinting.
- A First Visit means an initial consultation for an eligible health condition that is new or flare up where no treatment has been provided in the last 3 months.



MULTICOVER EXTRAS

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	LIMITS PER PERSON PER CALENDAR YEAR
	Diagnostic dental	Examinations – general dentist/specialist dentist	\$32 - \$88	2 services/1 service
DENTAL	Diagnostic delital	Single film X-rays	\$28	Limits apply
	Preventative dental	Removal of plaque/calculus	\$38 - \$69	2 services
	rieventative dentai	Application of fluoride	\$27	1 service
	Fillings	Metallic and tooth coloured (direct)	\$80 - \$174	\$550
	Oral surgery	Surgical extractions	\$180 - \$280	\$500
		Simple extractions	\$112 - \$151	
	Occlusal Therapy	Treatment to improve bite	\$35 - \$250	
	Endodontic services	Treatment of root canals	\$49 - \$264	
	Periodontic services	Treatment of tissue surrounding the teeth	\$25 - \$281	
	Dentures	Dentures and components (partial and complete)	\$20 - \$800	\$800 every 3 years
	Dentures	Maintenance and repair	\$22 - \$120	\$120
	Crowns and bridges	Placing of crowns and bridges	\$50 - \$635	\$800
	Orthodontics	Accrues at \$440 per year up to \$2,640 maximum lifetime limit Sub-limits apply.	for orthodontist or \$1,000 for	general dentist treatment.
Y.	Glasses and contact lenses	Spectacle frames	Total fee up to limit	\$220
OPTICAL		Spectacle lenses - pair		
8		Contact lenses - pair		
	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan is used up) includes group consultations	\$23/\$75	\$300
		Psychology (when member does not have unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations	\$16/\$44	
		HCF-approved counselling & accredited mental health social worker includes group consultations	\$13/\$36	
		HCF-approved Online Cognitive Behavioural Therapy courses	\$35 - \$59	
	Allied health First visit/subsequent	Dietetics	\$50/\$40	\$300
		Podiatry consultation (cannot be used for in-patient services)	\$35/\$27	\$200 \$500 Max \$200 for Audiology
		Orthotist/Prosthetist and Pedorthist	\$15 - \$33	
ES		Audiology	\$52/\$35	
API		Speech pathology	\$60/\$40	
THERAPIES		Occupational therapy	\$62/\$40	\$500
		Chiropractic	\$35 visits 1-2/\$28 visits 3-11/\$28 visits 12+	\$600 - \$1,000* Sublimit of \$375 each for chiropractic, osteopathy and exercise physiology
		Osteopathy	\$40 visits 1-2/\$30 visits 3-11/\$30 visits 12+	
		Exercise physiology	\$32/\$30	
		Physiotherapy	\$45 visits 1-2/\$35 visits 3-11/\$35 visits 12+	\$600 - \$1,200#
	Natural therapies First visit/subsequent	Remedial massage	\$30/\$20	¢200
		Myotherapy		\$200
		Acupuncture		\$200
CES		Chinese herbal medicine consultation (CHM)	\$30/\$17	Sub-limit of \$100 for CHM
	Travel and accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	Up to \$100 per trip per membership (\$30 per night for accommodation)	\$400 for travel (includes \$200 sublimit for accommodation)
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	11 1 450	4.00
Z	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more	Up to \$50 per script	\$600
SE	Artificial aids	HCF-approved appliances ^{&}	\$25 - \$500	\$500
ER	Hearing aids	Benefits accrue over time and renew every 3 years	Up to \$1,600	\$600 - \$1,600
OTHER SERVICES	Health Management Programs	HCF-approved - single/couples or family	Up to \$150	\$150 per single policy/ \$300 per couples or family policy
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^{*} Accrues at \$100 per year, up to \$1,000.

Accrues at \$120 per year, up to \$1,200.

6 including 1 pair of foot orthotics per person per year.

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

EXTRAS WAI	TRAS WAITING PERIODS	
1 DAY	Emergency ambulance.	
12 MONTHS	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics, minor podiatric procedures and hearing aids.	
2 MONTHS	All other extras services and Non-Emergency Ambulance.	

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you, including for example:

- claims for services by providers not recognised by HCF, and that do not meet HCF's criteria as set out in the Fund Rules
- claims made 2 years or more after the date of service
- more than 1 therapy service performed by the same provider in any 1 day.

Please refer to the HCF Member Guide or Fund Rules for a comprehensive list of exclusions.

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules, or call **13 13 34** to check what you're covered for before receiving treatment.