

# GENERAL EXTRAS PLUS

	SERVICE CATEGORY	DESCRIPTION	BENEFITS RANGE FROM - TO	LIMITS PER PERSON PER CALENDAR YEAR	
DENTAL	Diagnostic dental	Examinations - general dentist/specialist dentist	\$30 - \$55	2 services/1 service	
		Single film x-rays	\$25	Service limits apply	
	Preventative dental	Removal of plaque/calculus	\$36 - \$57	2 services	
		Application of fluoride	\$27	1 service	
	Fillings	Metallic and tooth coloured (direct)	\$65 - \$144	\$400	
	Oral surgery	Surgical extractions	\$150 - \$230	\$300	
		Simple extractions	\$80 - \$110		
		Occlusal therapy	NIL		
	Endodontic Services	Treatment of root canals	\$40 - \$132		
	Periodontic Services	Treatment of tissue surrounding the teeth	NIL	-	
Dentures	Dentures and components (partial and complete)	NIL	-		
	Maintenance and repair	NIL	-		
Crowns and bridges	Preparation and placing of crowns and bridges	NIL	-		
Orthodontics	Accrues at \$250 per year up to \$1,500 maximum lifetime limit for Orthodontist or \$1,000 for General Dentist treatment. Sub-limits apply.				
OPTICAL	Glasses and contact lenses	Spectacle frames	\$75	\$180	
		Spectacle lenses - pair	\$80 - \$150		
		Contact lenses - pair	\$94 - \$180		
THERAPIES	First/subsequent visits (unless otherwise specified)	Psychology (after Medicare entitlement is exhausted)	NIL	-	
		Dietetics	NIL	-	
		Podiatry consultation (cannot be used for in-patient services)	NIL	-	
		Audiology	NIL	-	
		Speech pathology	\$40/\$30	\$500 Sublimit of \$250 each for chiropractic, osteopathy and exercise physiology. \$200 combined for occupational therapy and speech pathology. \$100 combined remedial massage, myotherapy, acupuncture and CHM	
		Occupational Therapy	\$40/\$30		
		Chiropractic	\$30 visits 1 - 2/\$21 visits 3 - 11/\$10 visits 12+		
		Osteopathy	\$30 visits 1 - 2/\$22 visits 3 - 11/\$10 visits 12+		
		Exercise Physiology	\$25/\$20		
		Physiotherapy	\$33 visits 1 - 2/\$23 visits 3 - 11/\$10 visits 12+		
		Acupuncture/Chinese Herbal Medicine consultation (CHM)	\$22/\$10		
		Remedial Massage/Myotherapy	\$22/\$10		
		Naturopathy/Nutrition consultation	NIL		-
		Alexander Technique	NIL		-
Homoeopathy	NIL	-			
OTHER SERVICES	Travel & Accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	NIL	-	
	HCF approved Pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script	\$500	
	Artificial aids	HCF approved appliances	NIL	-	
	Hearing aids	Benefits accrue over time and renew every 3 years	NIL	-	
	Health Management Programs	HCF approved - single/couples or family	NIL	-	
	School Accident Cover	Approved ancillary services only	Up to \$400	\$400	

## THINGS YOU NEED TO KNOW

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

EXTRAS WAITING PERIODS	
<b>1 DAY</b>	Emergency ambulance (where not for pre-existing ailments).
<b>2 MONTHS</b>	HCF Health Management Programs and approved HCF Disease Management Programs.
<b>12 MONTHS</b>	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics and hearing aids.
<b>2 MONTHS</b>	All other extras services and Non-Emergency Ambulance (where not for pre-existing ailments).

### WHAT'S NOT COVERED?

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

#### HCF Health Insurance does not cover:

- If a Service is listed as an excluded service (regardless of whether required as a result of an Accident) in the Product Information (as defined in the Fund Rules);
- Claims made 2 years or more after date of Service;
- Elective Cosmetic Surgery on most levels of cover;
- When a Member has the right to recover the costs from a third party other than HCF, including an authority, another insurer or under an employee benefit scheme;
- Treatment for Pre-Existing Conditions (other than for psychiatric rehabilitation or palliative care) within the 12 month Waiting Period (the Pre-Existing Condition Waiting Period applies to new Members and Members upgrading their Policy to any higher level Benefits under their New Policy);
- Services received during any period where payment is in arrears, the Policy is not financial, the Policy is suspended or within a Waiting Period;
- Treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice;
- Any Service where the Treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules;
- Emergency room fees;
- Services that are not delivered face to face, such as online or telephone consultations, unless a Member is participating in a Chronic Disease Management Program or Health Management Program;
- Services supplied by a provider not recognised by HCF;
- Services provided outside Australia which do not meet the requirements under the Private Health Insurance Act;
- Ambulance transfers between hospitals (emergency or non-emergency); or
- Claims that do not meet HCF's criteria as set out in the Fund Rules.

#### In addition, HCF extras cover does not include:

- Psychological and developmental assessments;
- Co-payments and gaps for government funded health services including the co-payment for PBS items;
- Psychology treatment (where included under a Policy) unless a mental health plan has been prescribed under Medicare entitlements and these entitlements have been exhausted for the calendar year;
- Services while a Hospital patient except for eligible oral surgery;
- Pharmacy items that are not on HCF's approved pharmacy list including items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items supplied by a Hospital as take home drugs, or items that are not approved by the TGA;
- Services that had not been provided at time of claim;
- Fees for completing claim forms and/or reports;
- Services received overseas or purchased from overseas including items sourced over the internet;

- Where no specific health condition is being treated or in the absence of symptoms, illness or injury;
- Routine health checks, screening and mass immunisations;
- More than one therapy Service performed by the same provider in any one day;
- Where a provider is not in an independent Private Practice;
- Add-ons for optical such as high index material, coatings and tinting.

Our list of approved pharmacy items and artificial aids and appliances are subject to change and updated regularly. If your cover includes any of these items and you wish to make a claim, please call us on **13 13 34** to confirm your benefits.

#### Ambulance cover

When Benefits are payable, no limit for Emergency Ambulance Transport and up to \$5,000 per person per Calendar Year for medically necessary Non-Emergency Ambulance Transport.

Benefits only payable for Tas residents when not covered under their state ambulance service scheme and for Vic, SA, NT and WA residents when an ambulance subscription with the relevant state ambulance service is not held.

HCF does not pay Benefits for Qld residents for both Emergency and Non-Emergency Ambulance Transport.

Eligibility for Benefits is in accordance with the Fund Rules.

#### Note:

This is not a comprehensive list of items covered under your extras cover. Please call **13 13 34** to check what you're covered for prior to treatment.