

EXTRAS BENEFITS

	SERVICE CATEGORY	DESCRIPTION	BENEFITS RANGE FROM - TO	LIMITS PER PERSON PER CALENDAR YEAR
DENTAL	Diagnostic dental	Examinations - general dentist/specialist dentist	\$32 - \$55	2 services/1 service
		Single film x-rays	\$28	Service limits apply
	Preventative dental	Removal of plaque/calculus	\$36 - \$62	2 services
		Application of fluoride	\$27	1 service
	Fillings	Metallic and tooth coloured (direct)	\$80 - \$174	\$300
	Oral surgery	Surgical extractions	\$165 - \$250	\$400
		Simple extractions	\$90 - \$130	
		Occlusal therapy	\$35 - \$250	
	Endodontic Services	Treatment of root canals	\$48 - \$264	
	Periodontic Services	Treatment of tissue surrounding the teeth	\$20 - \$281	
Dentures	Dentures and components (partial and complete)	\$25 - \$600	\$600 every 3 years	
	Maintenance and repair	\$22 - \$120	\$120	
Crowns and bridges	Preparation and placing of crowns and bridges	\$55 - \$650	\$750	
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	\$85	\$170
		Spectacle lenses - pair	\$92 - \$170	
		Contact lenses - pair	\$116 - \$170	
THERAPIES	First/subsequent visits (unless otherwise specified)	Psychology (after Medicare entitlement is exhausted)	NIL	-
		Acupuncture	\$30/\$17	\$400
		Chiropractic	\$32 visits 1 - 2/\$28 visits 3 - 11/\$14 visits 12+	
		Osteopathy	\$35 visits 1 - 2/\$29 visits 3 - 11/\$14 visits 12+	
		Physiotherapy	\$45 visits 1 - 2/\$32 visits 3 - 11/\$17 visits 12+	\$600
		Group Physiotherapy	\$17 per visit	
		Occupational Therapy	\$62/\$40	
		Speech pathology	\$60/\$40	
		Dietetics	\$45/\$35	\$150
		Audiology	NIL	-
		Podiatry - consultation	\$33/\$25	\$200
		Naturopathy	NIL	-
		Remedial Massage/Myotherapy	NIL	
		Homoeopathy	NIL	
OTHER SERVICES	Travel & 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
	HCF approved pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script	\$500
	Artificial aids	HCF approved appliances	\$25 - \$500	\$500
	Hearing aids	Benefits accrue over time and renew every 3 years	\$500 - \$1,200	\$500 - \$1,200
	Health Management Programs	HCF approved - single/couples or family	Up to \$100	\$100/\$200
	School accident cover	Approved ancillary services only	Up to \$800	\$800

THINGS YOU NEED TO KNOW

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

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance (where not for pre-existing ailments).
2 MONTHS	HCF Health Management Programs and approved HCF Disease Management Programs.
12 MONTHS	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.
2 MONTHS	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 HCF Participating Private Hospitals, no-gap providers, 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](tel:131334) 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](tel:131334) to check what you're covered for prior to treatment.