

# GOLD EXTRAS PRODUCT SUMMARY

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

## FEATURES

<p><b>100% BACK ON SELECTED EXTRAS*</b></p> 	<p><b>LOYALTY LIMITS INCREASE THE LONGER YOU'RE WITH US*</b></p> 	<p><b>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</b></p> 	<p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b> through HCF Thank You</p> 
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## EXTRAS INCLUDES:

- ✓ Our second highest level of limits and benefits
- ✓ Cover for our full range of services including dental, orthodontics, optical, physio, other therapies and health aids
- ✓ A range of HCF approved Health Management programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions
- ✓ School Accident Benefit to help pay out-of-pocket expenses relating to extras included in your cover if your child's in an accident at school\*\*

## GET 100% BACK ON:\*

- ✓ 2 dental check-ups, scale and cleans and a fluoride treatment through *More for Teeth* providers
- ✓ Prescription glasses<sup>^</sup> and free digital retinal imaging with your eye test through *More for Eyes* providers
- ✓ An initial physio, chiro and osteo consultation through *More for Muscles* and *More for Backs* providers
- ✓ An initial podiatry consultation through *More for Feet* providers
- ✓ High quality hearing aids from our *More for Hearing* provider, Blamey Saunders Hears



\* At participating providers, subject to your cover and annual limits. Exclusions apply. To find out more, visit [hcf.com.au/100back](http://hcf.com.au/100back)  
<sup>^</sup> Up to a maximum limit. See extras table for details  
<sup>^</sup> Excludes add-ons such as high index material, coatings and tinting  
<sup>\*\*</sup> Applies to children attending school, up to and including year 12. Subject to waiting periods, annual limits and other conditions. See [hcf.com.au/school-accident](http://hcf.com.au/school-accident)



## GOLD EXTRAS

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT RANGE FROM - TO	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
GENERAL DENTAL	Diagnostic and Preventative	Examinations (max. 2 services per year)	\$32 - \$73	2 months	No annual limit (service limits apply)
		Removal of plaque/calculus (max. 2 services per year)	\$36 - \$64		
		Application of fluoride (max. 1 service per year)	\$28		
		Single film x-rays (on same day)	\$31		
GENERAL DENTAL	Simple fillings	Direct fillings	\$85 - \$177	2 months	
	Tooth extractions	Simple extractions	\$95 - \$143		
MAJOR DENTAL	Oral surgery	Surgical extractions	\$165 - \$260	12 months	Year 1 \$800 Year 2 \$950 Year 3+ \$1,100
	Complex fillings	Indirect fillings	\$298 - \$671		
	Periodontics	Treatment of tissue surrounding teeth	\$23 - \$374		
	Endodontics	Treatment of root canals	\$27 - \$248		
	Crowns and Bridges	Placing of crowns and bridges	\$244 - \$1,000		
	Dentures	Dentures and components (partial and complete) Limits renew every 3 years	\$25 - \$1,100		
	Orthodontics	Orthodontics - Orthodontist/Other dentist	Up to \$700		
OPTICAL	Glasses and Contact lenses	Spectacle frames	\$115	2 months	\$250
		Spectacle lenses - pair	\$140		
		Contact lenses - pair	\$140		
THERAPIES	Initial/Subsequent	Physiotherapy (see Health Management Programs for group and classes)	\$58 / \$49	2 months (12 months for Foot orthotics)	Year 1 \$350 Year 2 \$450 Year 3+ \$550
		Exercise physiology (see Health Management Program for group and classes)	\$33		Year 1 \$350 Year 2 \$450 Year 3+ \$550
		Occupational therapy	\$62		Year 1 \$250 Year 2 \$350 Year 3+ \$450
		Psychology (after Medicare entitlement is exhausted)	\$85		Year 1 \$250 Year 2 \$350 Year 3+ \$450
		Chiropractic	\$40 / \$33		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Osteopathy	\$48 / \$38		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Remedial massage and/or Myotherapy	\$36 / \$31		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Acupuncture and/or Chinese herbal medicine consultation	\$36 / \$31		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Naturopathy and/or Nutrition consultation	\$36 / \$31		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Alexander technique	\$36 / \$31		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Dietetics	\$45		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Audiology	\$60		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Speech Pathology	\$60		Year 1 \$200 Year 2 \$250 Year 3+ \$400
		Podiatry (including 1 pair of foot orthotics per person per year)	\$35 / \$30		Year 1 \$200 Year 2 \$250 Year 3+ \$400
OTHER	Travel and Accommodation	200km round trip	\$40	2 months	Max. \$200 per policy
	HCF approved Pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script		\$180
	HCF approved Vaccines and Immunisations	After PBS equivalent co-payment subtracted	Up to \$50 per script		
	Artificial aids	HCF approved (e.g. low vision aids, blood glucose monitors)	\$45 - \$150	12 months	Max. \$150 per policy
	Hearing aids	Benefits accrue over time and renew every 3 years	Up to \$1,600	12 months	\$600 - \$1,600
	Health Management Programs	HCF approved (e.g. weight management, learn to swim, group physiotherapy, group exercise physiology)	Up to \$150	2 months	\$150 per person Max. \$300 per policy
	School Accident Benefit	Helps pay out-of-pocket expenses for extras in your cover. See <a href="http://hcf.com.au/school-accident">hcf.com.au/school-accident</a>	Up to \$150	2 - 12 months	\$150 per eligible child
	Emergency ambulance (State Govt. services)	NSW and ACT	N/A	1 day	No annual limit
VIC, WA, NT and SA		N/A	1 per person Max. 2 per policy		

## 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.
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.

### 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 one therapy Service performed by the same provider in any one 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.