

# LIFESTYLE PLUS EXTRAS PRODUCT SUMMARY

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

## FEATURES

**100% BACK  
ON SELECTED  
EXTRAS\***



**CLAIM ON  
A RANGE OF  
HEALTH  
MANAGEMENT  
PROGRAMS**



**BE REWARDED WITH  
A GREAT RANGE OF  
EXCLUSIVE OFFERS**

through HCF Thank You



## EXTRAS INCLUDES:

- ✓ Our second highest level of corporate limits and benefits
- ✓ Cover for a 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> Excludes add-ons such as high index material, coatings and tinting.

\*\* 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)



## LIFESTYLE PLUS EXTRAS

	SERVICE CATEGORY	DESCRIPTION	BENEFIT PER ITEM	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
GENERAL DENTAL	Diagnostic and Preventative	Examinations (max. 2 services per year)	Up to \$85	2 months	No annual limit (service limits apply)
		Removal of plaque/calculus (max. 2 services per year)	Up to \$77		
		Application of fluoride (max. 1 service per year)	\$29		
		Single film x-rays (on same day)	\$36		
	Simple fillings	Direct fillings	Up to \$260		
Tooth extractions	Simple extractions	Up to \$175			
	Oral surgery	Surgical extractions	Up to \$335	12 months	\$1,100
		Occlusal therapy	Up to \$406		
	Complex fillings	Indirect fillings	Up to \$794		
	Periodontics	Treatment of tissue surrounding teeth	Up to \$436		
	Endodontics	Treatment of root canals	Up to \$289		
	Crowns and Bridges	Placing of crowns and bridges	Up to \$1,000		
	Dentures	Dentures and components (partial and complete) Limits renew every 3 years	Up to \$1,000		
Orthodontics	Orthodontics - Orthodontist/Other dentists	Up to \$800		\$800 (\$400 for other dentists) Lifetime limit \$2,400 or \$1,200 for other dentists	
OPTICAL	Glasses and Contact lenses	Spectacle frames	\$135	2 months	\$250
		Spectacle lenses - pair	\$160		
		Contact lenses - pair	\$160		
THERAPIES	Initial/Subsequent	Physiotherapy See Health Management Programs for group and classes	\$62 / \$55	2 months (12 months for Foot orthotics)	\$600
		Exercise physiology See Health Management Programs for group and classes	\$40		
		Occupational therapy	\$72		
		Psychology (after Medicare entitlement is exhausted)	\$101		\$600
		Chiropractic	\$42 / \$36		
		Osteopathy	\$51 / \$41		\$350
		Remedial massage and/or Myotherapy	\$41 / \$36		
		Acupuncture and/or Chinese herbal medicine consultation	\$41 / \$36		\$350 Sub-limit \$250 per therapy service
		Naturopathy and/or Nutrition consultation	\$41 / \$36		
		Alexander technique	\$41 / \$36		\$300
		Dietetics	\$56		
		Audiology	\$71		
		Speech pathology	\$83		
		Podiatry (including 1 pair of foot orthotics per person per year)	\$41 / \$36		
OTHER	Travel and Accommodation	200km round trip	\$50	2 months	Max \$250 per policy
	HCF approved Pharmacy	After PBS equivalent co-payment subtracted	\$50 per script		\$280
	HCF approved Vaccines and Immunisations	After PBS equivalent co-payment subtracted	\$50 per script		
	Artificial aids	HCF approved (e.g. low vision aids, blood glucose monitors)	Up to \$200	12 months	Max. \$200 per policy
	Hearing aids	Benefits accrue over time and renew every 3 years	Up to \$1,800		Under 1 year NIL Up to 5 years \$800 6-9 years \$1,100 10-14 years \$1,400 15+ years \$1,800
	Health Management Programs	HCF approved (e.g. weight management, learn to swim, group physiotherapy, group exercise physiology)	Up to \$100	2 months	\$100 per person Max. \$200 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 \$175	2 - 12 months	\$175 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	
<b>1 DAY</b>	Emergency ambulance.
<b>12 MONTHS</b>	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial appliances, foot orthotics and hearing aids.
<b>2 MONTHS</b>	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.