

HCF STARTER EXTRAS (WITH OPTICAL) PRODUCT SUMMARY

Basic extras cover for general dental, optical and selected therapies.

100% BACK ON POPULAR EXTRAS*



BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS

through HCF Thank You



EXTRAS INCLUDES:

- Basic cover for general dental, optical, physio, chiro and some natural therapies at a great price
- Higher limits than HCF Starter Extras
- Claim up to \$800 per person (\$1,600 per policy) each calendar year

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:

 1 dental check-up, scale and clean and fluoride treatment a year.



* 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



HCF STARTER EXTRAS (WITH OPTICAL)

TREATMENTS COVERED BY THIS POLICY

| | SERVICE CATEGORY | DESCRIPTION | INDICATIVE BENEFIT AMOUNT | WAITING PERIOD | ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED) |
|-------------------|---|--|---------------------------------|-------------------|---|
| OPTICAL | Glasses and contact lenses | Spectacle frames | 100% of fee up | | \$100 per person Max \$200 per policy |
| | | Spectacle lenses – pair | to per person annual limit | | |
| | | Contact lenses – pair | annuai limit | | |
| | Diagnostic and preventative | Examinations (max 1 service per year) | \$29-\$60 | 2 months | \$400 per person Max \$800 per policy |
| . . | | Removal of plaque/calculus (max 1 service per year) | \$36-\$55 | | |
| GENERAI DENTAL | | Application of fluoride (max 1 service per year) | \$25 | | |
| | | Single film X-rays (service limits apply) | \$24 | | |
| | Simple fillings | Direct fillings (1-2 surfaces) | \$66-\$86 | | |
| | Tooth extractions | Simple extractions | \$78-\$88 | | |
| s | Allied health First visit/subsequent | Physiotherapy | \$42/\$36 | 2 months | \$200 per person Max \$400 per policy |
| PIE | | Chiropractic | \$33/\$25 | | \$100 per person Max \$200 per policy |
| THERAPIES | | Osteopathy | \$40/\$30 | | |
| | Natural therapies First visit/subsequent | Remedial massage and myotherapy | \$30/\$25 | | |
| | | Acupuncture and Chinese herbal medicine consultation | \$30/\$25 | | |
| OTHER | Emergency ambulance (State govt. services) | NSW and ACT | 100% | 1 day | No annual limit |
| | | VIC, WA, NT, and SA | 100% | | 1 service per person Max 2 services per policy |

TREATMENTS NOT COVERED BY THIS POLICY

| | SERVICE CATEGORY | DESCRIPTION | | |
|--------------------------|--|---|--|--|
| AL | Fillings - direct | Direct fillings (3 surfaces or more) | | |
| ENT | Complex fillings | Indirect fillings | | |
| R D | Oral surgery | Surgical extractions | | |
| AJO | Occlusal therapy | Treatment to improve bite | | |
| Ŵ | Periodontics | Treatment of tissue surrounding teeth | | |
| AND | Endodontics | Treatment of root canals | | |
| GENERAL AND MAJOR DENTAL | Crowns and bridges | Placing of crowns and bridges | | |
| | Dentures | Dentures and components (partial and complete) | | |
| | Orthodontics | Orthodontics - orthodontist/other dentist | | |
| | | Psychology (after Medicare Mental Health Treatment Plan used up) includes group consultations | | |
| | Mental health services Group/individual | Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations | | |
| | | HCF-approved counselling & accredited mental health social worker includes group consultations | | |
| S | | HCF-approved Online Cognitive Behavioural Therapy courses | | |
| THERAPIES | | Exercise physiology (see Health Management Programs for groups and classes) | | |
| HE | | Occupational therapy | | |
| | Allied health | Podiatry (including foot orthotics) | | |
| | First visit/subsequent | Orthotist/Prosthetist and Pedorthist | | |
| | | Audiology | | |
| | | Speech pathology | | |
| | | Dietetics | | |
| | Orthoptic therapy | Eye therapy | | |
| | HCF approved pharmacy | After PBS equivalent co-payment subtracted | | |
| | Vaccines | HCF approved e.g. Boostrix, Shingrix, Vivaxim and more | | |
| ~ | Travel and accommodation | $200 \rm km$ round trip for a consulting medical specialist and/or hospital admission | | |
| OTHER | Artificial aids | HCF-approved (e.g. low vision aids, blood glucose monitors, orthoses) | | |
| | Hearing aids | Benefits accrue over time and renew every 3 years | | |
| | Health Management Programs | HCF-approved including antenatal/postnatal services | | |
| | School Accident Benefit | Helps pay out-of-pocket expenses for extras in your cover. See hcf.com.au/school-accident | | |

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, minor podiatric procedures 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 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.