



Multicover Only

This is a summary only. For more information, please call HLC on 1800 808 026

Service category	Description	Benefits up to		Limits per person per calendar year
Dental				
Diagnostic dental	Examinations – general dentist	\$29 - \$51		2
	Examinations – specialist dentist	\$29 - \$51		1
Preventative dental	Removal of plaque/calculus	\$31 - \$55		2
	Application of fluoride	\$20		1
Restorative	Metallic and adhesive fillings (direct)	\$60 - \$117		\$550
Orthodontics	General dentist – two full arch banding and repairs OR	\$35 - \$1,000	Accrues at \$440 per year	\$1,000 per lifetime
	Orthodontist - two full arch banding and repairs	\$40 - \$1,720		\$2,640 per lifetime
Oral surgery	Extractions	\$75 - \$195		\$500
Endodontic Services	Treatment of root canals	\$50- \$150		
Periodontic Services	Treatment of tissue surrounding the teeth	\$20 - \$260		
Dentures	Complete dentures and components	\$22 - \$800		\$800 every 3 years
	Maintenance and repair	\$27 - \$120		\$120
Crowns & bridges	Preparation & placing of crowns & bridges	\$47 - \$625		\$800
Optical				
	Spectacle frames	\$85		\$220
	Spectacle lenses – pair	\$92 - \$160		
	Contact lenses – pair	\$140 - \$220		
Therapies				
Natural therapies	Acupuncture/ Chinese Herbal Medicine	\$27 (initial) \$17 (subsequent)		\$200
	Remedial massage / Myotherapy	\$27 (initial) \$17 (subsequent)		\$200
	Homoeopathy	\$27 (initial) \$17 (subsequent)		
	Naturopathy/ Nutrition (consultation only)	\$27 (initial) \$17 (subsequent)		
	Alexander Technique	\$27 (initial) \$20 (subsequent)		

Service category	Description	Benefits up to	Limits per person per calendar year
Therapies			
	Chiropractic	\$30 (initial) \$28 (subsequent) \$14 (12+)	\$500 \$200 sub-limit for Exercise Physiology
	Osteopathy	\$30 (initial) \$28 (subsequent) \$14 (12+)	
	Exercise Physiology	\$30 (initial) \$28 (subsequent)	
	Physiotherapy	\$40 (initial) \$32 (subsequent) \$17 (12+)	\$600
	Hydrotherapy & Group Physiotherapy	\$17 per visit	
	Occupational Therapy	\$62 (initial) \$40 (subsequent)	\$500
	Speech Pathology	\$60 (initial) \$40 (subsequent)	\$500 (\$200 sublimit for audiology)
	Audiology	\$52 (initial) \$35 (subsequent)	
	Psychology (once Medicare entitlement is exhausted)	\$75 per visit	\$300
	Dietetics	\$45 (initial) \$30 (subsequent)	\$300
	Podiatry – consultation	\$33 (initial) \$25 (subsequent)	\$200
Other services			
Home nursing	\$15 (up to 6 hrs) \$50 (over 6 hrs)	\$15 - \$50	\$400 (Travel & Accommodation – up to \$100 per membership, per trip)
Travel & Accommodation	Journeys of more than 200km for medical specialist/hospital	\$20 - \$100	
Pharmacy (HCF approved, non-PBS)	After copay equivalent to PBS prescription charge is deducted	\$50/script	\$600
HCF approved artificial aids	e.g. CPAP machine, blood pressure monitor	\$25 - \$500	\$500
Hearing Aids		\$600 - \$1,600	Every 5 years depending on length of membership
HCF approved Health Improvement Program		Up to \$150	\$150 per person to a max of \$300 per family membership
School Accident Cover	Approved ancillary related services only	\$800	\$800

Important information relating to HCF Extras cover

Extras waiting periods											
<table border="1"> <tr> <td>1 day</td> <td>School accident cover</td> </tr> <tr> <td>2 months</td> <td>All services except those mentioned otherwise</td> </tr> <tr> <td>6 months</td> <td>HCF Dental Centres, Health Management Programs</td> </tr> <tr> <td>12 months</td> <td>Crowns, bridges, dentures, endodontics, occlusal therapy, oral surgery, periodontal, prosthodontics, dental bleaching and orthodontics, artificial appliances and pre existing ailments</td> </tr> <tr> <td>24 months</td> <td>Hearing aids</td> </tr> </table>	1 day	School accident cover	2 months	All services except those mentioned otherwise	6 months	HCF Dental Centres, Health Management Programs	12 months	Crowns, bridges, dentures, endodontics, occlusal therapy, oral surgery, periodontal, prosthodontics, dental bleaching and orthodontics, artificial appliances and pre existing ailments	24 months	Hearing aids	<p>Waiting periods may need to be served before benefits are paid, and apply to:</p> <ul style="list-style-type: none"> ▪ New members ▪ Existing HCF members who upgrade. You will need to serve the necessary waiting periods for the higher benefit entitlement ▪ Members who transfer from another fund who have not already completed the required waiting period for equivalent benefits. ▪ New dependants (unless they transfer from another fund and have completed the required waiting periods) <p>Waiting periods vary according to the type of treatment or service you receive.</p>
1 day	School accident cover										
2 months	All services except those mentioned otherwise										
6 months	HCF Dental Centres, Health Management Programs										
12 months	Crowns, bridges, dentures, endodontics, occlusal therapy, oral surgery, periodontal, prosthodontics, dental bleaching and orthodontics, artificial appliances and pre existing ailments										
24 months	Hearing aids										

Pre-existing ailments
<p>A pre-existing ailment is a condition or illness where signs or symptoms existed anytime during the six months prior to when a member joined or upgraded to a higher level of cover, even though a diagnosis may not have been made.</p> <p>If there is any doubt as to whether an ailment is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.</p>

Conditions applying to all extras cover
<p>Be aware of these circumstances which will prevent payment of a claim:</p> <ul style="list-style-type: none"> ▪ Lodgement of claim two years or more after the date of service ▪ When you or your dependants have the right to recover the costs from a third party or authority, either by law or by statute, or from any insurance or employment benefit schemes ▪ Benefits for any period during which your payment is in arrears by more than two months or your membership is suspended ▪ Where services are rendered by a provider not recognised by HCF <p>Your Extras cover does not cover the following:</p> <ul style="list-style-type: none"> ▪ Goods and services while an in-patient in a hospital (these are covered under your Hospital cover) ▪ Pharmacy items that appear on the PBS list, contraceptives, infertility drugs, performance enhancing drugs, vitamins, items that are available without a prescription, or items that are not TGA approved. ▪ Telephone or online consultations ▪ Fees for completing claim forms and/or reports ▪ Goods and/or services received or purchased overseas ▪ When costs are recoverable elsewhere ▪ Where no specific health condition is being treated ▪ Routine health checks, screening and mass immunisations ▪ A combination of therapy services performed by the same provider in any one day ▪ Treatment for pre-existing ailments or conditions (within the first 12 months).