

Gold Extras

Product Summary



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 dental	Examinations – max. 2 services per year	\$29 – \$72	2 months	No annual limit (services limit apply)
		Single film x-rays - initial/subsequent (on same day)	\$28 / \$23		
		Removal of plaque/calculus (max. 2 services per year)	\$34 – \$56		
		Application of fluoride (max. 1 service per year)	\$23		
Major Dental	Simple fillings	1 – 2 surfaces	\$79 – \$564	12 months	Year 1 \$600 Year 2 \$650 Year 3 \$700 Year 4 \$800 Year 5 \$900 Year 6+ \$1,000 \$700 per year, \$2,100 lifetime limit \$350 per year, \$1,050 lifetime limit
		Extractions	\$93 – \$141		
	Oral surgery	Surgical extractions	\$154 – \$236		
		Complex fillings	\$113 – \$654		
	Periodontics	Treatment of tissue surrounding teeth	\$23 – \$368		
	Endodontics	Treatment of root canals	\$27 – \$239		
	Crowns and bridges	Preparation and placing of crowns and bridges	\$240 – \$1,000		
	Dentures	Dentures and components (partial and complete)	\$25 – \$1,000		
Optical	Glasses and contact lenses	Spectacle frames	\$110	2 months	\$200
		Spectacle lenses – pair	\$100		
		Contact lenses – pair	\$100		
Therapies	First/subsequent visits (unless otherwise specified)	Physiotherapy (initial/subsequent) See Health Management Programs for group and classes	\$45 / \$40	2 months (12 months for foot orthotics)	Year 1 \$300 Year 2 \$325 Year 3 \$350 Year 4 \$400 Year 5 \$450 Year 6+ \$500
		Exercise physiology See Health Management Programs for group and classes	\$32		
		Occupational therapy	\$55		
		Psychology after Medicare entitlement is exhausted	\$70		
		Chiropractic (initial/subsequent)	\$35 / \$30		Year 1 \$200 Year 2 \$225 Year 3 \$250 Year 4 \$300 Year 5 \$350 Year 6+ \$400 Max. \$200 per therapy (except for Chiro and Osteo)
		Osteopathy (initial/subsequent)	\$45 / \$35		
		Remedial massage	\$35 / \$30		
		Myotherapy	\$35 / \$30		
		Acupuncture, Chinese herbal medicine consultation	\$35 / \$30		
		Naturopathy/Nutrition consultation	\$35 / \$30		
		Alexander technique	\$35 / \$30		
		Podiatry (initial/subsequent) (including 1 pair of foot orthotics per person per year)	\$35 / \$30		Year 1 \$200 Year 2 \$225 Year 3 \$250 Year 4 \$300 Year 5 \$350 Year 6+ \$400
		Dietetics	\$45		
		Audiology	\$60		
		Speech pathology	\$50		
Other	Travel and accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	\$40	2 months	Max. \$200 per policy
	HCF approved pharmacy	After subtraction of the PBS equivalent co-pay	\$50 per script		\$180
	Vaccines and immunisations	HCF approved	\$50 per script		
	Artificial aids	HCF approved – service limits apply for some appliances	\$45 – \$150	12 months	Max. \$150 per policy
	Hearing aids	Benefits accrue over time and renew every 5 years	Up to \$1,600	24 months	\$600 – \$1,600
	Health Management Programs	HCF approved e.g. weight management, learn to swim, group physiotherapy, group exercise physiology	Up to \$150	6 months	\$150 per person Max. \$300 per policy
	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 (where not for pre-existing ailments).
6 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 and foot orthotics.
24 months	Hearing aids.
2 months	All other extras services.

Exclusions

There are a number of situations where a member is not covered by HCF and no benefits will be payable.

HCF Health Insurance does not cover:

- If a service is listed as an exclusion.
- Claims made two years or more after date of service.
- When you or your dependants have the right to recover the costs from a third party other than us, including an authority, another insurer (eg. motor vehicle or workers compensation), or under an employee benefit scheme.
- Treatment for pre-existing ailments or conditions (within the first 12 months).
- Goods and services received during any period where your payment is in arrears, your membership is suspended or you are within waiting periods.
- Treatment that we deem inappropriate or not reasonable, after receiving independent medical or clinical advice.
- Experimental treatments.
- Any service where the treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules 2011 or as amended.
- Emergency room fees.
- Services that are not delivered face to face, such as online or telephone consultations, unless you are participating in one of our chronic disease management or health improvement programs such as *My Health Guardian*.
- Goods or services supplied by a provider not recognised by us.
- Goods or services provided outside Australia, which don't meet the requirements under the Private Health Insurance Act (2007).
- Claims that do not meet our criteria.

In addition, HCF extras cover does not include:

- Psychological and developmental assessments. Where psychology is included in your cover, psychology treatment is only payable when Medicare Australia entitlements are exhausted.

- Goods and services while a hospital patient except for eligible oral surgery.
- Pharmacy items that aren't on our approved pharmacy list e.g. items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items for reproductive medicine, sexual performance, items for weight loss, or items that are not TGA approved.
- Goods or services that had not been provided at time of claim e.g. pre-payment.
- Fees for completing claim forms and/or reports.
- 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.
- Co-payments and gaps for Government funded health services e.g. the co-payment for PBS items, or services where you receive a rebate from Medicare such as the Child Dental Benefit Schedule, or Chronic Disease Management - Individual Allied Health Services.
- Where a provider is not in an independent private practice.
- More than one of the following therapies received on the same day (physiotherapy, chiropractic and osteopathy).

Emergency ambulance

For residents of NSW & ACT, you are covered for State Government emergency ambulance services in NSW and ACT where you require treatment for an emergency. In all other states, we cover you for one State Government provided emergency ambulance service per person (and two per policy) per year, except where you are otherwise covered e.g. through your State Ambulance arrangements. No benefits are claimable for residents of Queensland and Tasmania.

Note:

This is not a comprehensive list of items covered under your extras cover. Please call **13 13 34** to check what you're covered for prior to treatment.