

# Bronze Plus Extras

## Product Summary



# Bronze Plus 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. 1 service per year	\$24 – \$60	2 months	\$400 per person Max. \$800 per policy
		Single film x-rays - initial/subsequent (on same day)	\$23 / \$18		
		Removal of plaque/calculus (max. 1 service per year)	\$29 – \$47		
		Application of fluoride (max. 1 service per year)	\$19		
	Simple fillings	1 – 2 surfaces	\$66 – \$350		
Major Dental	Oral surgery	Extractions	–	12 months	x
		Surgical extractions	–		
	Complex fillings	3 or more surfaces	–		x
	Periodontics	Treatment of tissue surrounding teeth	–		
	Endodontics	Treatment of root canals	–		
	Crowns and bridges	Preparation and placing of crowns and bridges	–		
	Dentures	Dentures and components (partial and complete)	–		
	Orthodontics	Upper and lower braces to straighten teeth	–		
Optical	Glasses and contact lenses	Spectacle frames	\$100	2 months	\$100 per person Max. \$200 per policy
		Spectacle lenses – pair	\$100		
		Contact lenses – pair	\$100		
Therapies	First/subsequent visits (unless otherwise specified)	Physiotherapy (initial/subsequent)	\$40 / \$35	2 months	\$120 per person Max. \$240 per policy
		Exercise physiology	–		x
		Occupational therapy	–		
		Psychology after Medicare entitlement is exhausted	–		
		Chiropractic (initial/subsequent)	\$30 / \$25		\$80 per person Max. \$160 per policy
		Osteopathy (initial/subsequent)	\$40 / \$30		
		Remedial massage	\$30 / \$25		
		Myotherapy	\$30 / \$25		
		Acupuncture, Chinese herbal medicine consultation	\$30 / \$25		
		Naturopathy/Nutrition consultation	\$30 / \$25		
		Alexander technique	\$30 / \$25		
		Podiatry (initial/subsequent)	–		x
		Dietetics	–		
		Audiology	–		
		Speech pathology	–		
Other	Travel and accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	–	2 months	x
	HCF approved pharmacy	After subtraction of the PBS equivalent co-pay	–		
	Vaccines and immunisations	HCF approved	–		
	Artificial aids	HCF approved – service limits apply for some appliances	–	12 months	x
	Hearing aids	Benefits accrue over time and renew every 5 years	–	24 months	
	Health Management Programs	HCF approved e.g. weight management, learn to swim, group physiotherapy, group exercise physiology	–	6 months	
	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 (where not for pre-existing ailments).
<b>6 months</b>	HCF Health Management Programs and approved HCF Disease Management Programs.
<b>12 months</b>	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids and foot orthotics.
<b>24 months</b>	Hearing aids.
<b>2 months</b>	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.