



ENJOY AUSTRALIA WITH US

Wherever you've travelled from and no matter how long you plan to stay, we know you're going to love it here.

We realise there's lots to learn about healthcare when you move to a new country. That's why we've tried to make it easier by giving you the peace of mind that your health will be taken care of while you're in Australia. Making you feel extra welcome is another way we show you we care.



WE PUT YOUR HEALTH FIRST

NATIONAL DOCTOR NETWORK

See a doctor (GP) in our large HCF network and if you're covered for doctor services you can get 100% back for the appointment.



AUSTRALIA'S 3RD LARGEST HEALTH INSURER

The 1.7 million members we cover are at the heart of everything we do. We have the experience and knowledge to help you manage your health while you're in Australia.



24/7 HELPLINE

If you or your family need to find a doctor or hospital, or have questions about your health then call our 24/7 helpline on 13 68 42

then press 2. Our friendly experts speak many different languages and are ready to assist you.



WE'LL HELP YOU PAY LESS

Our large network of private hospitals gives you greater choice and options to lower costs if you, or your loved ones, need hospital treatment.



AMBULANCE COVER IN EMERGENCIES

All covers include emergency ambulance transport to the nearest hospital across Australia.



AUSSIE HEALTHCARE EXPLAINED

We have a great medical system in Australia and HCF is here to help you understand how to use it. Australia's system is made up of 2 levels: government-funded Medicare and the private health system, where you pay for insurance. Together they work to give Australians better health experiences.



HOW DOES MEDICARE WORK?

Medicare is our public healthcare system and provides healthcare to all Australian residents. It offers residents in-hospital treatment at public hospitals at no cost and lowers the cost of some medical treatment outside of hospitals like blood tests and X-rays. Medicare is available to eligible visitors from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia.

It's worth knowing that even if you're eligible to use an RHCA, private health insurance is great for peace of mind as Medicare only covers medically necessary care. Medicare doesn't cover treatment in private hospitals, emergency ambulances or services like private dental treatment and physiotherapy. That's where HCF private health insurance comes in.

RECIPROCAL HEALTHCARE AGREEMENTS

To find out more, search for 'RHCA' on the Department of Human Services website **humanservices.gov.au/medicare**

HOW DOES PRIVATE HEALTHCARE WORK?

If you come from a country that doesn't have an RHCA with Australia, it's a good idea to take out private health insurance in case you need medical or hospital treatment while you're here, which could be very costly.

WHAT'S COVERED?

The private health system is made up of private health insurers like HCF, private hospitals and other health providers, like dentists and physiotherapists. HCF Overseas Visitors Health Cover can be used for:

- emergency ambulance transport
- hospital treatment
- medical treatment
- a range of extras such as physiotherapy and dental work.

The treatments and procedures you can claim for will depend on the level of insurance you choose.

For many visitors, private health insurance is a visa requirement so be sure to check this before you apply for your visa to make sure you choose the correct level of cover. You can do this through the Department of Home Affairs website homeaffairs.gov.au

WHY HCF IS RIGHT FOR YOU

HCF Overseas Visitors Health Cover (OVHC) is private health insurance for people who'll be living in Australia for a period of time on a work or visitor visa.

Some visas require you to have private health insurance while you're visiting Australia. But even if you don't have to, it's a good idea to get Overseas Visitors Health Cover so you can easily access healthcare services if you need them. This is because paying for medical treatment yourself can be very expensive.

Depending on the level of cover you choose, your HCF insurance can cover you when you're in hospital and for other services, like:

- doctor visits
- blood tests and X-rays*
- dental treatment
- glasses and contact lenses
- · physiotherapy.

All levels of HCF OVHC include emergency ambulance services.

WHAT IS THE HCF NETWORK?

The HCF network is made up of participating hospitals, doctors and specialists to help you avoid additional costs for treatment and services that are included in your cover.

HCF HOSPITAL NETWORK

We have agreements with most private hospitals around Australia. You can lower your costs (apart from your excess if you have one) for treatment or services you're covered for by visiting a private hospital in our network.

If you go to a private hospital that isn't in our network, or a public hospital, you may have extra costs. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. Make sure you call our 24/7 helpline on 13 68 42 (then press 2) to find a hospital in our network. It's also important to ask the hospital what costs you're likely to have before you're treated, so you can understand what you'll have to pay.

HCF DOCTOR NETWORK

In Australia, a regular doctor (known as a General Practitioner or GP) is probably the first doctor you'll go to with any health issues you may have. HCF has a national network of GPs, to find one nearby call our 24/7 helpline on 13 68 42 (then press 2).

If you're covered for doctor services and see a GP from our network, your insurance will cover you for up to 100% of the cost. If you visit a GP that isn't part of the HCF network you might have to pay additional costs. Depending on your level of cover, for specialist and non-network doctor



WE'VE GOT YOU COVERED

consultations, we will cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee.

WHAT SERVICES WILL I BE COVERED FOR IN AND OUT OF HOSPITAL?

INPATIENT SERVICES

If you're admitted to hospital, either as a day or overnight patient, you're considered an 'inpatient'. With your Overseas Visitors Health Cover you may receive benefits for accommodation, operating theatre, intensive care, doctor fees, government-approved prostheses, and PBS medicines, if they're included on your level of cover.

The types of inpatient services you'll be covered for will depend on the level of cover you choose, as well as whether you choose a hospital from our network. If you go to a private hospital in our network and use doctors (including participating surgeons and anaesthetists) who are part of our network, you'll have no or limited additional costs (apart from your excess if you have one) for covered services. But if you go to a doctor, private hospital or public hospital that isn't in our network you may have large additional costs. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or

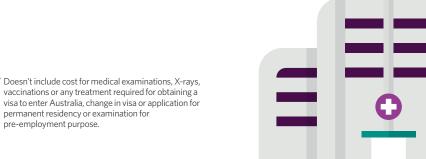
hundreds of thousands of dollars. So it's important to always call our 24/7 helpline first on **13 68 42** (then press 2) to make sure you'll pay less. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need

OUTPATIENT SERVICES

If you need treatment outside of hospital or don't get admitted to hospital, you're an outpatient. The most common outpatient services are:

- having consultations with a specialist or regular doctor
- going to hospital for tests and X-rays*
- attending an outpatient clinic
- · emergency department facility fees
- emergency ambulance.

The types of outpatient services you'll be covered for will depend on the level of cover you choose, as well as whether you choose a hospital or doctor from our network. Remember to always call our 24/7 helpline first on 13 68 42 (then press 2) so we can help you find the right one and pay less.





CALL US 24/7 TO HELP YOU PAY LESS

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline and we'll connect you with the right healthcare service. Our team of experts will connect you with a service in our network including:

- regular doctors (GPs)
- after hours GPs
- specialist doctors
- private hospitals
- emergency departments
- nurses who'll discuss your illness and suggest next steps[^]
- personal support like tax advice and legal services⁺.



Call our 24/7 helpline then press 2

- ^ Healthcare support isn't intended for life threatening or medica emergency situations. It isn't a diagnostic service and doesn't replace a consultation with a health professional.
- * Members will be responsible for paying any fees charged by personal support service providers.



WORKING VISA HOSPITAL COVERS

Choose from 1 of these options if you need private health insurance to meet your visa requirements.



GET 100% BACK FOR A DOCTOR VISIT IN OUR GP NETWORK When you see a doctor (GP) in our network, you can get 100% back for the visit (except for Basic cover). 13 68 42 Call our 24/7 helpline then press 2

| | HOSPITAL ONLY COVERS | | HOSPITAL AND EXTRAS PACKAGES | |
|--|----------------------------|----------------------------|---|---|
| FEATURES | BASIC | MID | ТОР | TOP PLUS |
| Visa compliant (for condition 8501) | / | ✓ | ~ | ✓ |
| Excess | \$0 | \$0 | \$0 or \$250 excess to keep your premiums lower | \$0 or \$250 excess to keep your premiums lower |
| Inpatient services* | | | | |
| Hospital accommodation, operating theatre and prosthesis fees in our private hospital network for treatment included in your cover | ~ | ✓ | ✓ | ✓ |
| Doctors' and specialists' fees for treatment included in your cover | 100% MBS [^] | 100% MBS^ | 100% MBS^ | 100% MBS^ |
| Outpatient services | | | | |
| Doctors' and specialists' fees | × | 100% MBS^ | 100% MBS^ | 100% MBS^ |
| Diagnostic services (for example blood tests, scans and X-rays ⁺) with MBS [^] | × | 100% MBS^ | 100% MBS^ | 100% MBS^ |
| Ambulance cover in emergencies | ✓ | ✓ | ✓ | ✓ |
| Emergency department fees | 100% only when admitted | 100% only when admitted | 100% when admitted, \$200 per visit when not admitted | 100% when admitted, \$200 per visit when not admitted |
| Additional services | | | | |
| Repatriation | Up to \$50,000 | Up to \$100,000 | Up to \$100,000 | Up to \$110,000 |
| Funeral cover | Up to \$15,000 | Up to \$15,000 | Up to \$15,000 | Up to \$20,000 |

✓ COVERED (INCLUDED SERVICE)

Covered as a private patient in a private hospital or doctor in our network.

Note: The level of benefits we pay will depend on whether you go to a hospital participating in the HCF private hospital network.

Treatment received at a **public hospital** for services included in your level of cover, the benefits payable are at the Gazetted Rate, you may have an out-of-pocket cost.

Treatment received at a non-participating private hospital for services included in your level of cover, the benefits payable are only Minimum Benefits. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars.

Treatment received at a **participating private hospital** for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital.

Depending on your cover, you may also be required to pay additional costs for some outpatient services.

Call our 24/7 helpline on 13 68 42, then press 2, so we can help guide you to a hospital and doctor in our network. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

X NOT COVERED (EXCLUDED SERVICE)

DIAGNOSTIC SERVICES

This doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

WAITING PERIODS

A waiting period is the time you need to wait before you can claim the services you're covered for. Waiting periods of 2-12 months will apply and depend on the treatment and if your illness or condition was pre-existing.

EXCESS

An excess (either \$0 or \$250) is the amount you have agreed to pay when you go to hospital, for a day admission or an overnight stay.

PRE-EXISTING CONDITION

This is an ailment, illness or a condition that you've had signs or symptoms of in the 6 months before you got your HCF OVHC or upgraded to a higher level of cover, even though you may not have got a diagnosis. The test relies on whether you show signs or symptoms of the condition; it is not necessary for it to be diagnosed.

For a detailed list of what's covered on each level of cover go to hefvisitorhealthcover.com and download a product summary or the OVHC Fund Rules. You can also visit a location or call us on 13 68 42.





The types of hospital services covered will vary depending on the level of cover you choose. Go to **hcfvisitorhealthcover.com** and download a product summary or the **OVHC Fund Rules** to find out what hospital services are covered.

[^] Medicare Benefits Schedule (MBS) fee is the standard set Medicare fee for your procedure. If your provider charges more than the MBS fee, you must pay the difference.

^{*} Doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

WORKING VISA EXTRAS COVERS



Packaged with **Overseas Visitors** Top Hospital cover

Packaged with Overseas Visitors **Top Plus Hospital cover**

TOP

with therapies)

TOP PLUS



| | | | | W ~ D # | W ~ D = 1 | |
|------------------|--|---|---|--|--|--|
| CATEGORY | | SERVICE | WAITING PERIODS | Annual limits, per person, per calendar year, unless otherwise specified (set benefits apply per service item) | | |
| | | | I ERIODS | LIMITS | LIMITS | |
| | Diagnostic & preventative Tooth extractions | Examinations e.g. item 012 | | 2 s 1 flu perso \$600 Max 2 check ups, | Max 2 check ups, 2 scale and clean and 1 fluoride treatment per person, per calendar year | |
| I ĕ | | Single film X-rays e.g. item 022 (on the same day) | | | | |
| Ä | | Removal of plaque/calculus e.g. item 114 | | | | |
| 4 | | Application of fluoride e.g. item 121 | 2 months | | | |
| 监 | Tooth extractions | Simple extractions e.g. item 311 | | | | |
| GE | Fillings diment | Direct fillings (1-2 surfaces) e.g. item 532 | | | , | |
| | Fillings - direct | Direct fillings (3 or more surfaces) e.g. item 533 | | | \$1,200 (Orthodontics lifetime limit of \$2,400 for services by orthodontists and a sub-limit of \$1,200 for orthodontic services provided by other dentists other dentists) | |
| MAJOR DENTAL | Fillings - indirect | Indirect fillings e.g. item 555 | | and 1 fluoride | | |
| | Oral surgery | Surgical extractions e.g. item 324 | | treatment per person, per calendar year | | |
| | | Occlusal therapy e.g. item 965 | | | | |
| | Periodontics | Treatment of tissue surrounding teeth e.g. item 222 by dentist | 12 months | | | |
| | Endodontics | Treatment of root canals e.g. item 415 | | | | |
| | Crowns & bridges | Placing of crowns and bridges e.g. item 613 | | | | |
| Ž | Dentures | Dentures and/or components (partial and complete) e.g. item 711. Limits renew every 36 months | | | | |
| | Orthodontics | Correction of teeth and jaws by an orthodontist/other dentist e.g. item 831 | | × | | |
| _ | | Spectacle frames e.g. item V110 | | \$600 Max 2 check ups, 2 scale and cleans and 1 fluoride treatment per person, per calendar year | | |
| Glasses & con | Glasses & contact lenses | Spectacle lenses – pair [*] e.g. item V212 | 2 months | | \$250 | |
| OPTICAL | | Contact lenses - pair e.g. item V852 | 21110111115 | | | |
| <u> </u> | Eye test | Eye test (MBS item) | | | 1 eye test every 36 months | |
| | First (subsequent | Physiotherapy (excludes group and/or classes) | | (combined with | \$600 | |
| First/subsequent | | Exercise physiology (excludes group and/or classes) | | | | |
| | | Chiropractic | | | \$500 | |
| | Osteopathy | | | Maximum \$1,000 per policy | | |
| F | | Podiatry (including orthotics) | 2 months (12 months for foot orthotics) | × | \$250 | |
| | | Dietetics | | | \$150 sub-limit for orthotics | |
| S | | Remedial massage | | | | |
| RAPIES | First /subsequent | Myotherapy | _ | 1 | \$450 | |
| - E | First/subsequent | Acupuncture consultation (herbs not covered) | | per trierapy (combined | Max \$250 per therapy | |

Acupuncture consultation (herbs not covered)

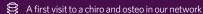
Chinese herbal medicine consultation (herbs not covered)

GET 100% BACK ON

On Top and Top Plus you can get 100% back at extras providers in our network, up to your annual limits. Including:











^{*} Add-ons like lens coating and high index material aren't included.

X NOT COVERED (EXCLUDED SERVICE)

HCF doesn't cover some services on our extras products. There'll be no benefit payable from HCF for the following services:

- outpatient psychology services
- occupational therapy
- audiology
- speech pathology
- alexander technique
- hearing aids, artificial aids
- health management programs
- School Accident Benefit
- nutrition consultations
- naturopathy.



VISITORS VISA COVERS

Even if you don't need private health insurance to get your visa, it can give you peace of mind. You can enjoy your time in Australia knowing you're covered if you unexpectedly get sick or injured.

These covers don't meet the visa health insurance requirements for condition 8501.



CALL US 24/7 BEFORE YOU GO TO A DOCTOR OR HOSPITAL

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline and our team of experts will connect you with the right healthcare service.



13 68 42

Call our 24/7 helpline then press 2



GET 100% BACK FOR A DOCTOR VISIT IN OUR GP NETWORK

When you see a doctor (GP) in our network, you can get 1009 back for the visit (except for Basic cover)



13 68 42

Call our 24/7 helpline then press 2

| | HOSPITAL ONLY COVERS | | | | | |
|--|-----------------------|-----------------------|-----------------------|--|--|--|
| FEATURES | SHORT STAY | ESSENTIALS | ESSENTIALS PLUS | | | |
| Visa compliant (for condition 8501) | × | × | × | | | |
| Excess | \$250 | \$250 | \$250 | | | |
| Available for singles and couples | ✓ | ✓ | ✓ | | | |
| Available for families | × | ✓ | ✓ | | | |
| Cover for pre-existing conditions (for included services and after relevant waiting periods are served) | × | ~ | ✓ | | | |
| Inpatient services* | | | | | | |
| Hospital accommodation, operating theatre and prosthesis fees in our private hospital network for treatment included in your cover | ✓ | ~ | ✓ | | | |
| Doctors' and specialists' fees for treatment included in your cover | 100% MBS [^] | 100% MBS [^] | 100% MBS [^] | | | |
| Outpatient services | | | | | | |
| Doctors' and specialists' fees | 100% MBS [^] | 100% MBS [^] | 100% MBS [^] | | | |
| Diagnostic services (for example blood tests, scans and X-rays*) with MBS^ | 100% MBS [^] | 100% MBS [^] | 100% MBS [^] | | | |
| Ambulance cover in emergencies | ✓ | ✓ | ✓ | | | |
| Emergency department fees up to a maximum of \$200 per visit | ✓ | ✓ | <u> </u> | | | |

✓ COVERED (INCLUDED SERVICE)

Covered as a private patient in a private hospital or doctor in our network.

Note: all treatment received at either public or non-participating private hospitals, including if the services or conditions are listed as covered in your level of cover, are only payable at Minimum Benefits and you will need to pay additional costs. In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. Depending on your cover, you may also be required to pay additional costs for some outpatient services.

X NOT COVERED (EXCLUDED SERVICE)

DIAGNOSTIC SERVICES

This doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

WAITING PERIODS

A waiting period is the time you need to wait before you can claim for the services you're covered for. Waiting periods of 2-12 months will apply and depend on the treatment and if your illness or condition was pre-existing.

EXCESS

An excess is the amount (\$250) you have agreed to pay when you go to hospital, for a day admission or an overnight stay.

PRE-EXISTING CONDITION

This is an ailment, illness or a condition that you've had signs or symptoms of in the 6 months before you got your HCF OVHC or upgraded to a higher level of cover, even though you may not have got a diagnosis. The test relies on whether you show signs or symptoms of the condition; it is not necessary for it to be diagnosed.

For a detailed list of what's covered on each level of cover go to hcfvisitorhealthcover.com and download a product summary or the OVHC Fund Rules. You can also visit a location or call us on 13 68 42.

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[^] Medicare Benefits Schedule (MBS) fee is the standard set Medicare fee for your procedure. If your provider charges more than the MBS fee, you must pay the difference.

^{*} Doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.



JOINING HCF IS AS EASY AS 1, 2, 3!

- 1. Call us, go online or visit a location to get a quote.
- 2. Choose the level of cover you need.
- **3.** Once you've joined we'll send you a welcome email. If you've chosen visa compliant cover it will include the letter you need for the Department of Home Affairs (we won't be able to give you this letter if you've chosen non-visa compliant cover).

The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746 AFSL 241 414

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hcfvisitorhealthcover.com



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