





HCF HOSPITAL BASIC PLUS PRODUCT SUMMARY

Affordable hospital cover for the young and healthy.

FEATURES

<p>ACCIDENT SAFEGUARD</p> <p>Receive the benefits of our top level of hospital cover for 90 days if you're in an accident*</p> 	<p>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</p> <p>if you become involuntarily unemployed[†]</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 	<p>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY[‡]</p> 
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INCLUDES

- ✓ \$500 or \$750 excess
- ✓ No excess for accident-related treatment (for services included in your cover)
- ✓ Joint reconstructions, gynaecology and more
- ✓ Ambulance cover in emergencies

* Must visit the emergency department within 24 hours of the accident. Other conditions apply. See hcf.com.au/accident-safeguard

† For up to 6 months. Must have held HCF hospital cover for at least 12 months. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance

‡ When you travel at least a 200km round trip. Terms and conditions apply. See hcf.com.au/travel-accommodation

HCF HOSPITAL BASIC PLUS

KEY FEATURES	
Excess (per person per calendar year)	\$500 or \$750
No excess for kids aged under 25	✓
No excess for accident-related treatment (for services included in your cover)	✓
Travel and accommodation benefit	✓
Involuntary Unemployment Assistance* *Available to members who have held hospital cover for at least 12 months. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance for more information.	✓
Available without extras cover	Yes

THIS POLICY INCLUDES COVER FOR:
Emergency ambulance
Accident Safeguard - services that are not included or have restricted cover will be treated as covered services in the event of an accident that occurs after joining. Does not include podiatric surgery. Conditions apply. See hcf.com.au/accident-safeguard
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets
Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments
Hernia and appendix e.g. hernia operations and appendicitis
Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer
Miscarriage and termination of pregnancy
Dental surgery e.g. surgery to remove wisdom teeth and dental implant surgery [^] [^] Things like operating theatre and hospital accommodation fees. Members must hold eligible extras cover to claim dentist or dental surgeon fees.

THIS POLICY INCLUDES RESTRICTED COVER FOR:
Rehabilitation
Hospital psychiatric services
Palliative care

THIS POLICY DOES NOT INCLUDE COVER FOR:
Ear, nose and throat
Bone, joint and muscle
Brain and nervous system
Kidney and bladder
Digestive system
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management
Breast surgery (medically necessary)
Diabetes management (excluding insulin pumps)
Heart and vascular system
Lung and chest
Blood
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices
Cataracts
Joint replacements

Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Insulin pumps
Pain management with device
Elective cosmetic surgery
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
Sleep studies e.g. sleep apnoea and snoring

This product includes cover for accommodation, operating theatre, intensive care, government-approved prostheses, pharmaceuticals (excluding experimental and high-cost non-PBS drugs) as part of your covered admission at an HCF-participating hospital.

DENTAL SURGERY

Unlike other services, in-patient dental surgery can be claimed under both your hospital cover (for things like accommodation and operating theatre fees) as well as under your extras cover (your dental surgeon's bill).

You must hold eligible extras cover if you want to claim benefits for dentist or dental surgeon's fees for surgery performed in a hospital. Depending on your annual limit, you may still experience out-of-pocket costs, however these costs will be higher if you do not hold eligible extras cover.

EXCESS

An excess is a non-refundable amount of money a member agrees to pay towards the cost of services before benefits are payable when admitted to hospital. If hospitalised, the total excess amount of your cover will apply once per person per calendar year.

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer.

PREGNANCY AND BIRTH

To be covered for pregnancy and birth in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes pregnancy and birth 12 months before the date of birth of your child to minimise your out-of-pocket expenses. If you're expecting, make sure you transfer to a family membership within 2 months of the birth of your child to ensure your baby is covered.

RESTRICTED COVER

For these services, only minimum benefits are payable which means that you may have to pay significant out-of-pocket expenses in a private hospital. In a public hospital, if you elect to be a private patient, you may also have to pay out-of-pocket expenses.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services, except in the case of Accident Safeguard. Always check with us to see if you're covered before going to hospital.

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to receive hospital psychiatric services as covered services may not be required to serve the waiting period for hospital psychiatric services. This exemption can only be accessed once in a member's lifetime.
12 MONTHS	Pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care).
2 MONTHS	All other hospital services, including accident-related treatment (for services included in your cover).

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
- treatment for pre-existing conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12-month waiting period
- experimental, high-cost non-PBS drugs and TGA-approved drugs used for a purpose other than that for which they were approved.

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.

INVOLUNTARY UNEMPLOYMENT ASSISTANCE

Losing your job can be an incredibly stressful experience and you might be wondering how you're going to make ends meet. We're here for you, and we'll do what we can to help you with your health cover. If you're eligible, we'll cover the cost of your health cover for up to 6 months.

* Must have hospital cover for at least 12 months. Excludes extras only, Ambulance Only and Overseas Visitors Health Cover. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance



HCF MID EXTRAS PRODUCT SUMMARY

Affordable mid-level extras cover for a range of services and therapies.

FEATURES

**100% BACK
ON POPULAR
EXTRAS***



**CLAIM ON A RANGE OF
HEALTH MANAGEMENT
PROGRAMS**



**BE REWARDED WITH
A GREAT RANGE OF
EXCLUSIVE OFFERS**

through HCF Thank You



EXTRAS INCLUDES:

- ✓ Mid-level cover for general and major dental, optical, physio, chiro and some natural therapies
- ✓ HCF-approved vaccinations
- ✓ A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions

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:

- ✓ 2 dental check-ups a year
- ✓ a pair of prescription glasses from a selected range[^] and you'll also get free digital retinal imaging with your eye test.

* 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](https://www.hcf.com.au/100back)
[^] Excludes add-ons such as high index material, coatings and tinting.



HCF MID EXTRAS

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 to annual limit	2 months	\$200
		Spectacle lenses – pair			
		Contact lenses – pair			
GENERAL DENTAL	Diagnostic and preventative	Examinations (max 2 service per year)	\$32-\$73	2 months	\$650 includes Max 2 check ups, 2 scale and clean, and 1 fluoride treatment per person, per year (Excludes occlusal therapy)
		Removal of plaque/calculus (max 2 service per year)	\$36-\$62		
		Application of fluoride (max 1 service per year)	\$27		
		Single film X-rays (service limits apply)	\$29		
	Simple fillings	Direct fillings	\$85-\$177		
MAJOR DENTAL	Tooth extractions	Simple extractions	\$95-\$143	12 months	
		Oral surgery	Surgical extractions		
MAJOR DENTAL	Complex fillings	Indirect fillings	\$298-\$600	12 months	
		Periodontics	Treatment of tissue surrounding teeth		
MAJOR DENTAL	Endodontics	Treatment of root canals	\$27-\$248	12 months	
		Crowns and bridges	Placing of crowns and bridges		\$238-\$600
MAJOR DENTAL	Dentures	Dentures and components (partial and complete)	\$25-\$600	12 months	
		Limits renew every 3 years			
THERAPIES	Allied health First visit/subsequent	Physiotherapy (see Health Management Programs for groups and classes)	\$56/\$49	2 months	\$350
		Exercise physiology (see Health Management Programs for groups and classes)	\$33		
		Chiropractic	\$38/\$31		
		Osteopathy	\$46/\$36		
	Natural therapies First visit/subsequent	Remedial massage and myotherapy	\$36/\$31		\$150
		Acupuncture and Chinese herbal medicine consultation	\$36/\$31		
OTHER	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more	Up to \$50 per script	2 months	\$100
	Health Management Programs	HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management	Up to \$50		\$50 per person Max \$100 per policy
	Emergency ambulance (State govt. services)	NSW and ACT VIC, WA, NT, and SA	100% 100%	1 day	No annual limit 1 service per person Max 2 services per policy

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION
MAJOR DENTAL	Orthodontics	Orthodontics - orthodontist/other dentist
	Occlusal Therapy	Treatment to improve bite
THERAPIES	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan used up) includes group consultations
		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
		HCF-approved Online Cognitive Behavioural Therapy courses
	Allied health First visit/subsequent	Occupational therapy
		Podiatry (including foot orthotics)
		Orthotist/Prosthetist and Pedorthist
		Audiology
		Speech pathology
		Dietetics
Orthoptic therapy	Eye therapy	
OTHER	HCF-approved pharmacy	After PBS equivalent co-payment subtracted
	Travel and accommodation	200km round trip for a consulting medical specialist and/or hospital admission
	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 antenatal/postnatal services - pregnancy compression garments and breastfeeding support services through the Australian Breastfeeding Association
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.