





HCF HOSPITAL BASIC PLUS PRODUCT SUMMARY

Affordable hospital cover for the young and healthy.

FEATURES

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| <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: |
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| 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: |
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| Rehabilitation |
| Hospital psychiatric services |
| Palliative care |

| THIS POLICY DOES NOT INCLUDE COVER FOR: |
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| 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 |

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| 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](https://www.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 VITAL EXTRAS PRODUCT SUMMARY

Quality comprehensive extras cover for a wide range of services and therapies.

FEATURES

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|---|--|--|---|
| <p>100% BACK ON POPULAR EXTRAS*</p>  | <p>LOYALTY LIMITS INCREASE THE LONGER YOU'RE WITH US[^]</p>  | <p>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</p>  | <p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS through HCF Thank You</p>  |
|---|--|--|---|

EXTRAS INCLUDES:

- ✓ Our second highest level of limits and benefits
- ✓ Cover for our full range of services including dental, orthodontics, optical, physio, other therapies and health aids
- ✓ A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions
- ✓ School Accident Benefit to help pay out-of-pocket expenses relating to extras included in your cover if your child's in an accident at school[†]

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
- ✓ a first visit to a physio, chiro and osteo^{**}
- ✓ a first visit to a podiatrist^{**}.

* 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
[^] Up to a maximum limit. See extras table for details.
[†] Applies to children attending school, up to and including year 12. Subject to waiting periods, annual limits and other conditions. See hcf.com.au/school-accident
[#] Excludes add-ons such as high index material, coatings and tinting.
^{**} A First Visit means an initial consultation for an eligible health condition that is new or flare up where no treatment has been provided in the last 3 months.



HCF VITAL 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 | \$250 |
| | | Spectacle lenses – pair | | | |
| | | Contact lenses – pair | | | |
| GENERAL DENTAL | Diagnostic and preventative | Examinations (max 2 service per year) | \$32-\$73 | 2 months | No annual limit (service limits apply) |
| | | Removal of plaque/calculus (max 2 service per year) | \$36-\$64 | | |
| | | Application of fluoride (max 1 service per year) | \$28 | | |
| | | Single film X-rays (service limits apply) | \$31 | | |
| GENERAL DENTAL | Simple fillings | Direct fillings | \$85-\$177 | 12 months | Year 1 \$800 Year 2 \$950 Year 3+ \$1,100 |
| | Tooth extractions | Simple extractions | \$95-\$143 | | |
| MAJOR DENTAL | Oral surgery | Surgical extractions | \$165-\$260 | 12 months | Year 1 \$800 Year 2 \$950 Year 3+ \$1,100 |
| | Complex fillings | Indirect fillings | \$298-\$671 | | |
| | Periodontics | Treatment of tissue surrounding teeth | \$23-\$374 | | |
| | Endodontics | Treatment of root canals | \$27-\$248 | | |
| MAJOR DENTAL | Crowns and bridges | Placing of crowns and bridges | \$244-\$1,000 | 12 months | Year 1 \$800 Year 2 \$950 Year 3+ \$1,100 |
| | Dentures | Dentures and components (partial and complete) Limits renew every 3 years | \$25-\$1,100 | | |
| MAJOR DENTAL | Orthodontics | Orthodontics - orthodontist/other dentist | Up to \$700 | 12 months | \$700 (\$350 for other dentists) Lifetime limit \$2,100 or \$1,050 for other dentists |
| | | | | | |
| THERAPIES | Mental health services Group/individual | Psychology (after Medicare Mental Health Treatment Plan used up) | \$26/\$85 | 2 months (12 months for foot orthotics and minor podiatric procedures) | Year 1 \$350 Year 2 \$450 Year 3+ \$550 |
| | | Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations | \$18/\$49 | | |
| | | HCF-approved counselling & accredited mental health social worker includes group consultations | \$15/\$41 | | |
| | | HCF-approved Online Cognitive Behavioural Therapy courses | \$35 - \$59 | | |
| | Allied health First visit/subsequent | Occupational therapy | \$62 | | Year 1 \$350 Year 2 \$450 Year 3+ \$550 |
| | | Physiotherapy (see Health Management Programs for groups and classes) | \$58/\$49 | | |
| | | Exercise physiology (see Health Management Programs for groups and classes) | \$33 | | |
| | | Chiropractic | \$40/\$33 | | |
| | | Osteopathy | \$48/\$38 | | |
| | | Dietetics | \$45 | | |
| | | Audiology | \$60 | | |
| | | Speech pathology | \$60 | | |
| Natural therapies First visit/subsequent | Podiatry (including 1 pair of foot orthotics per person per year) | \$35/\$30 | Year 1 \$250 Year 2 \$250 Year 3+ \$400 Orthotics Sub-limit \$200 | | |
| | Orthotist/Prosthetist and Pedorthist | \$20-\$100 | | | |
| Natural therapies First visit/subsequent | Remedial massage and myotherapy | \$36/\$31 | Year 1 \$250 Year 2 \$350 Year 3+ \$450 Sub-limit \$250 per therapy | | |
| | Acupuncture and Chinese herbal medicine consultation | \$36/\$31 | | | |
| OTHER | Travel and accommodation | 200km round trip for a consulting medical specialist and/or hospital admission | \$40 | 2 months | Max \$200 per policy |
| | HCF-approved pharmacy | After PBS equivalent co-payment subtracted | Up to \$50 per script | | |
| | Vaccines | HCF approved e.g. Boostrix, Shingrix, Vivaxim and more | Up to \$50 per script | 12 months | Max \$150 per policy \$600-\$1,600 |
| | Artificial aids | HCF-approved (e.g. low vision aids, blood glucose monitors, orthoses) | \$45-\$150 | | |
| | Hearing aids | Benefits accrue over time and renew every 3 years | Up to \$1,600 | 2 months | \$150 per person Max \$300 per policy |
| | Health Management Programs | HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management | Up to \$150 | | |
| | School Accident Benefit | Helps pay out-of-pocket expenses for extras in your cover. See hcf.com.au/school-accident | Up to \$150 | 2-12 months | \$150 per eligible child |
| | Emergency ambulance (State govt. services) | NSW and ACT | | 100% | 1 day |
| VIC, WA, NT, and SA | | | 100% | | |

TREATMENTS NOT COVERED BY THIS POLICY

| SERVICE CATEGORY | | DESCRIPTION |
|------------------|----------------------------|--|
| MAJOR DENTAL | Occlusal Therapy | Treatment to improve bite |
| OTHER | Health Management Programs | HCF-approved antenatal/postnatal services - pregnancy compression garments and breastfeeding support services through the Australian Breastfeeding Association |

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.