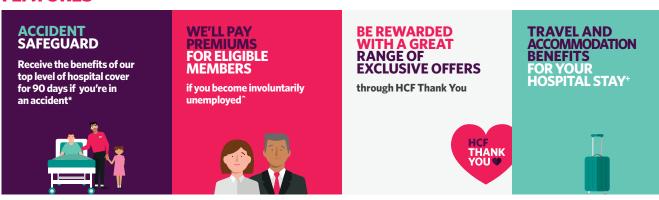


HCF HOSPITAL BASIC PLUS PRODUCT SUMMARY

Affordable hospital cover for the young and healthy.

FEATURES



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 legibility 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

\$500 or \$750
✓
~
✓
~
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.



