

Hospital Advanced Savings + Multicover

This is a summary only. For more information, please call HCF on 13 13 34 or refer to our main brochure.

Excess options available:

\$250 per person per calendar year
\$450 per person per calendar year

There is no excess for same day surgery or accidents.

If you have family cover you will not have to pay an excess for dependant children who are hospitalised.

Hospital Advanced Savings

HCF participating private hospitals and public hospitals

Accommodation	✓
Operating Theatre services (in an HCF participating private hospital)	✓
Intensive Care	✓
Coronary Care	✓
Prostheses (100% cover for no-gap prosthesis list items. There are a small number of prosthesis that will attract a gap)	✓
Physiotherapy (100% for HCF participating private hospitals)	✓
Pharmaceuticals in hospital (Directly associated with the reason for admission. Excluding experimental and high cost – non PBS drugs)	✓
Pregnancy & birth related services	Minimum benefits
Psychiatric services	Minimum benefits
Assisted Reproductive Services (e.g. IVF, GIFT etc)	Minimum benefits
Total & partial hip & knee joint replacement surgery	Minimum benefits
Cataract & other lens related surgery	Minimum benefits
Dialysis for chronic renal failure	Minimum benefits
Elective cosmetic surgery *	Minimum benefits
Surgery by accredited podiatrist *	Minimum benefits
Ambulance (State Government services only. QLD and TAS residents are covered under their state ambulance scheme.)	✓
Extended family cover available	✗

Minimum benefits only cover the costs of staying in a shared room of a public hospital. These benefits are not sufficient to cover procedures in a private hospital. They do not cover theatre or labour ward charges. Only minimum benefits are paid at non-participating hospitals.

* No medical benefits (doctor's charges) are payable.

Important information relating to HCF Hospital cover

Hospital waiting periods

		Waiting periods may need to be served before benefits are paid, and apply to:
1 day	Emergency Ambulance	<ul style="list-style-type: none"> ▪ New members ▪ Existing HCF members who upgrade. You will need to serve the necessary waiting periods for the higher benefit entitlement ▪ Members who transfer from another fund who have not already completed the required waiting period for equivalent benefits. ▪ New dependants (unless they transfer from another fund and have completed the required waiting periods)
2 months	Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance	
12 months	Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth related services	
		Waiting periods vary according to the type of treatment or service you receive.

Pregnancy & birth related services

To be covered for pregnancy and birth related (obstetrics) services in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a more comprehensive cover 12 months before planning your pregnancy to minimise your out of pocket expenses. If you're expecting, make sure you transfer to a family membership at least two months prior to the birth of the child to ensure the baby is covered from birth.

Pre-existing ailments

A pre-existing ailment is a condition or illness where signs or symptoms existed anytime during the six months prior to when a member joined or upgraded to a higher level of cover, even though a diagnosis may not have been made.

If there is any doubt as to whether an ailment is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.

Hospital benefits and "the gap"

Hospital benefits are payable to persons who are formally admitted hospital patients at the time of the service. If you are a private patient in a non-participating private hospital, you may face a large gap, depending on the hospital charges. Prior to treatment, please check with your doctor to obtain Medicare item numbers and call HCF to clarify benefits payable.

Medical Gap: Medicare will cover 75% of the Medicare Benefits Schedule

(MBS) fee for medical charges and HCF will cover the remaining 25%.

Some doctors may choose to charge more than the MBS fee and this is when you may face additional expenses, known as the "Medical Gap".

HCF has no-gap arrangements to assist you in eliminating the gap. Always ask your doctor what your charge will be and if they'll participate in HCF's no-gap arrangement for your procedure. If you still have questions, call HCF on 13 13 34.

Conditions applying to all hospital covers

HCF hospital cover does not apply to the following:

- Procedures normally performed in the doctors surgery or as an outpatient
- Medical Gap and hospital benefits for excluded items or procedures and/or when the claim is not approved for payment by Medicare Australia
- Nursing home-type patients are limited to benefits set by the Commonwealth Department of Health and Ageing
- Private room accommodation for same-day procedures
- Personal convenience items e.g. phone calls newspapers, magazines and Beauty Salon services
- Massage and aromatherapy services
- Respite care
- Take home items e.g. crutches, toothbrushes and drugs
- Experimental treatments
- Experimental and high cost non-PBS drugs
- Private hospital emergency room fees
- Donated blood, blood products and blood collection and storage
- Special nursing e.g. your own private nurse
- Pharmaceuticals (including PBS pharmaceutical benefits) and other sundry supplies not directly associated with the reason for admission
- Some services provided while in hospital by non-hospital providers
- Telephone or online consultations
- Luxury room surcharge
- All PBS pharmaceutical benefits in non-participating hospitals

Multicover

Service category	Description	Benefits up to		Limits per person per calendar year
Dental				
Diagnostic dental	Examinations – general dentist	\$29 - \$51		2
	Examinations – specialist dentist	\$29 - \$51		1
Preventative dental	Removal of plaque/calculus	\$31 - \$52		2
	Application of fluoride	\$20		1
Restorative	Metallic and adhesive fillings (direct)	\$58 - \$117		\$550
Orthodontics	General dentist – attachments and two full arch banding OR	\$20 - \$1,000	Accrues at \$440 per year	\$1,000 per lifetime
	Orthodontist - attachments and two full arch banding	\$40 - \$1,720		\$2,640 per lifetime
Oral surgery	Extractions	\$69 - \$188		\$500
Endodontic Services	Treatment of root canals	\$46 - \$150		
Periodontic Services	Treatment of tissue surrounding the teeth	\$24 - \$300		
Dentures	Dentures complete and components	\$22 - \$800		\$800 every 3 years
	Maintenance and repair	\$27 - \$120		\$120
Crowns & bridges	Preparation & placing of crowns & bridges	\$47 - \$625		\$800
Optical				
	Spectacle frames	\$84		\$220
	Spectacle lenses – pair	\$90 - \$160		
	Contact lenses – pair	\$140 - \$220		
Therapies				
Natural therapies	Acupuncture	\$25 (initial) \$16 (subsequent)		\$200
	Remedial massage / Myotherapy	\$27 (initial) \$16 (subsequent)		\$200
	Homoeopathy	\$27 (initial) \$16 (subsequent)		
	Naturopathy	\$27 (initial) \$16 (subsequent)		
	Chiropractic	\$30 (initial) \$28 (subsequent) \$14 (12+)		\$600 (increases by \$120 each year to \$1,200)
	Osteopathy	\$30 (initial) \$28 (subsequent) \$14 (12+)		

Service category	Description	Benefits up to	Limits per person per calendar year
Therapies			
	Exercise Physiology	Not covered	
	Physiotherapy	\$35 (initial) \$31 (subsequent) \$17 (12+)	\$600 (increases by \$120 each year to \$1,200)
	Hydrotherapy & Group Physiotherapy	\$16 per visit	
	Occupational Therapy	\$60 (initial) \$40 (subsequent)	\$500
	Speech Pathology	\$60 (initial) \$40 (subsequent)	\$500 (\$200 sublimit for audiology)
	Audiology	\$52 (initial) \$35 (subsequent)	
	Psychology (once Medicare entitlement is exhausted)	\$75 per visit	\$300
	Dietetics	\$45 (initial) \$30 (subsequent)	\$300
	Podiatry – consultation	\$31 (initial) \$25 (subsequent)	\$200
Other services			
Home nursing	Up to 6 hours/daily rate	\$15 - \$50	\$400 (Travel & Accommodation – up to \$100 per membership, per trip)
Travel & Accommodation	Over 200km per return trip	\$20 - \$100	
Pharmaceutical (HCF approved non-PBS)	Cost in excess of the current PBS to a max. \$50 per drug per script	\$50/script	\$500
HCF approved artificial aids	e.g. CPAP machine, blood pressure monitor	\$25 - \$500	\$500
Hearing Aids		\$600 - \$1,600	Every 5 years depending on length of membership
HCF approved Health Management Program		Up to \$100	\$100 per person to a max of \$200 per family membership
School Accident Cover	Approved ancillary related services only	\$800	\$800

Important information relating to HCF Extras cover

Extras waiting periods

		<p>Waiting periods may need to be served before benefits are paid, and apply to:</p> <ul style="list-style-type: none"> ▪ New members ▪ Existing HCF members who upgrade. You will need to serve the necessary waiting periods for the higher benefit entitlement ▪ Members who transfer from another fund who have not already completed the required waiting period for equivalent benefits. ▪ New dependants (unless they transfer from another fund and have completed the required waiting periods) <p>Waiting periods vary according to the type of treatment or service you receive.</p>
1 day	School accident cover	
2 months	All services except those mentioned otherwise	
6 months	HCF Dental Centres, Health Management Programs	
12 months	Crowns, bridges, dentures, endodontics, occlusal therapy, oral surgery, periodontal, prosthodontics, dental bleaching and orthodontics, artificial appliances and pre existing ailments	
24 months	Hearing aids	

Pre-existing ailments

A pre-existing ailment is a condition or illness where signs or symptoms existed anytime during the six months prior to when a member joined or upgraded to a higher level of cover, even though a diagnosis may not have been made.

If there is any doubt as to whether an ailment is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.

Conditions applying to all extras cover

Be aware of these circumstances which will prevent payment of a claim:

- Lodgement of claim two years or more after the date of service
- When you or your dependants have the right to recover the costs from a third party or authority, either by law or by statute, or from any insurance or employment benefit schemes
- Benefits for any period during which your payment is in arrears by more than two months or your membership is suspended
- Where services are rendered by a provider not recognised by HCF

Your Extras cover does not cover the following:

- Goods and services while an in-patient in a hospital (these are covered under your Hospital cover)
- Pharmacy items that appear on the PBS list, contraceptives, infertility drugs, performance enhancing drugs, vitamins, items that are available without a prescription, or items that are not TGA approved.
- Telephone or online consultations
- Fees for completing claim forms and/or reports
- Goods and/or services received or purchased overseas
- When costs are recoverable elsewhere
- Where no specific health condition is being treated
- Routine health checks, screening and mass immunisations
- A combination of therapy services performed by the same provider in any one day
- Treatment for pre-existing ailments or conditions (within the first 12 months).