

Hospital 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

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 Savings

HCF participating private hospitals and public hospitals

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|---|------------------|
| 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 | ✓ |
| Psychiatric services | ✓ |
| 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 | | | | | | | |
|---|---|---------------------|-----------------|---|------------------|---|---|
| <table border="1"> <tr> <td style="text-align: center;">1 day</td> <td>Emergency Ambulance</td> </tr> <tr> <td style="text-align: center;">2 months</td> <td>Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance</td> </tr> <tr> <td style="text-align: center;">12 months</td> <td>Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth related services</td> </tr> </table> | 1 day | Emergency Ambulance | 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 | <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 | Emergency Ambulance | | | | | | |
| 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 | | | | | | |

| Pregnancy & birth related services | Pre-existing ailments |
|--|--|
| <p>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.</p> | <p>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.</p> <p>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.</p> |

| Hospital benefits and "the gap" | |
|--|---|
| <p>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.</p> <p>Medical Gap: Medicare will cover 75% of the Medicare Benefits Schedule</p> | <p>(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.</p> |

| Conditions applying to all hospital covers | |
|---|---|
| <p>HCF hospital cover does not apply to the following:</p> | |
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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

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|------------------|---|---|
| 1 day | School accident cover | <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> |
| 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).