

UNCOMMON CARE IS PUTTING PEOPLE BEFORE PROFIT

CORPORATE HEALTH COVER BROCHURE APRIL 2019



MAKING UNCOMMON CARE FEEL LIKE COMMON SENSE

We're Australia's largest not-for-profit health fund because more than 1.5 million people choose us as their health partner.

WE'RE ALL ABOUT UNCOMMON CARE. HERE'S HOW.

MORE MONEY BACK



For every dollar members paid in premiums over the last 5 years, we've given them back more in benefits than the industry average.

SAVING YOU MONEY ON HOSPITAL STAYS

With our large hospital network and a search tool that helps you find the right specialist at the right price, we're keeping your out-of-pocket costs down.

NE'RE HERE FOR YO

We're 100% owned and run by, and most importantly, for Aussies. Those born here and those who've decided to call it home. We're here to help you with local call centres, 50+ branches across the country and our own dental centres.

TOP COVER FOR THE UNEXPECTED

Get our top hospital cover for up to 90 days if you're in an accident and go to an emergency department within 24 hours. Eligibility criteria apply. Excludes Corporate Accident Only Basic cover.

hcf.com.au/accident-safeguare



LOYALTY REWARDS

You don't have to be unwell to get great value from your cover with our exclusive range of loyalty offers and rewards. The longer you stay with us the more ways we say thank you. Excludes Ambulance Only members.

hcf.com.au/thankyou



Pay no excess for kids no matter how many times they go to hospital. And whether you have one child or many, the cost of your family cover stays the same. Excludes Corporate Accident Only Basic cover.



GET 100%

BACK ON SELECTED Pay \$0 on 1 or 2 dental check-ups a year and claim 100% back on a first consult with a physio, chiro or osteo with our network of more than 10,000 participating extras providers. Subject to your cover and annual limits.

See pages 14 and 15 for more info.

FREE SECOND OPINION SERVIC

Use our network of Aussie-based medical specialists to get a free second opinion on a health condition you're worried about. You'll have the chance to ask questions so you can confidently make the best decision for your health.

You must have had hospital cover for 12 months and a specialist consultation to use this service. Excludes Corporate Accident Only Basic cover. Conditions apply. hcf.com.au/secondopinion

AND YOUR SPECIALIST Private health insurance gives you choices - you can decide who treats you and where.





Better access to a private room so you can recover in peace.

SKIP THE PUBLIC

to wait for surgery.

CHOOSE YOUR HOSPITAL

HOSPITAL WAITING LIST

Cut down on the time you need

PRIVATE HOSPITAL ROOM

CLAIM ON EXTRAS LIKE DENTAL AND OPTICAL

Depending on your cover, you can claim on extras – such as dental, optical, physio, chiro, and more - to help you nip health problems in the bud.

SAVE MONEY BY MAKING THE MOST OF AUSTRALIAN GOVERNMENT INCENTIVES

By taking out private health insurance, you may be able to save money by:

- reducing the cost of your cover due to the Australian Government Rebate
- avoiding the Medicare levy surcharge at tax time
- avoiding the Lifetime Health Cover loading if you take out hospital cover before your 31st birthday, and maintain it.

WHY PRIVATE HEALTH INSURANCE IS RIGHT FOR YOU

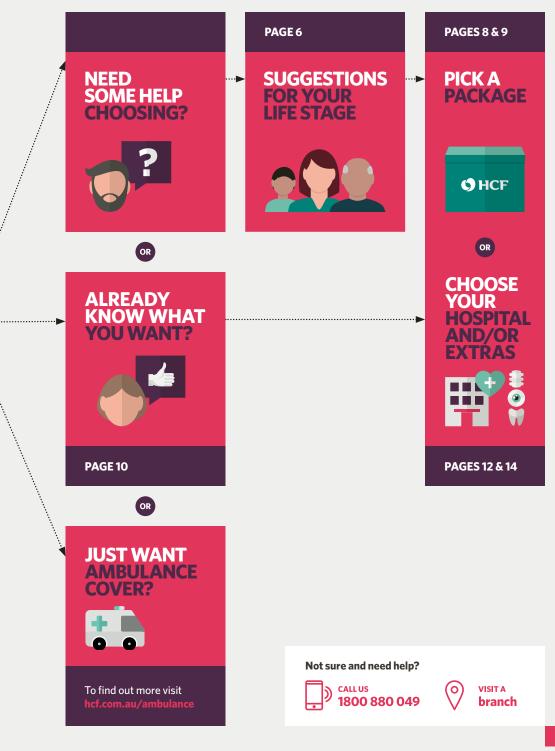
Everyone has their own personal reasons for choosing private health insurance. It could be for the peace of mind of knowing that you're covered, or it might make sense financially. Here's some of the great benefits of private health insurance.

LET US HELP YOU CHOOSE THE COVER THAT'S RIGHT FOR YOU

We've got a range of health covers to suit your needs. You might already know what you're after, or maybe you'd like suggestions based on where you're at in life. Go for a package, or pick and choose the hospital and extras cover that works best for you. This quick reference guide will make choosing easy.



LET'S GET STARTED



COVER THAT'S MADE FOR MEMBERS

In our experience it helps to start by looking at where you're at in life. While this doesn't include all possibilities, it's a good way to see what you're likely to need from your cover.

This might not suit everyone - the next few pages have more detail so you can choose the cover or package that fits you best.

NEW HOSPITAL COVER CATEGORIES

As part of the government's private health insurance reforms all hospital cover in Australia will be categorised as either Gold, Silver, Bronze or Basic. The government has set out which treatments and services each category needs to include (as a minimum). On most of our hospital products we've chosen to cover additional services, above the minimum requirement, and that's where the product includes 'Plus' in the name.

The new ranking will make it easier to compare different policies, so you can confidently choose the cover that's right for you. The table below shows which category each of our suggested hospital covers fall into.

For more info on the categories and other reforms see **hcf.com.au/reforms**

HOW WOULD YOU DESCRIBE YOURSELF?		HOSPITAL CATEGORY	WHAT TYPE OF COVER IS IMPORTANT TO YOU?	SUGGESTED HOSPITAL & EXTRAS
		Gold	Top cover for peace of mind	Corporate Gold and Advanced Extras
	YOUNG SINGLES & COUPLES Not planning a family	Silver	Mid level cover	Corporate Silver and Active Extras
		Bronze Plus	Budget conscious	Corporate Bronze Plus and Essential Extras
		Basic Plus	Budget conscious	Future Care Basic Plus packages
		Gold	Top cover for peace of mind	Corporate Gold and Ultimate Extras
	PLANNING KIDS A single or couple starting or growing a family	Silver Plus	Mid level cover	Family Care Advanced Silver Plus package
		Silver Plus	Budget conscious	Family Care Silver Plus package
	FAMILY WITH KIDS With no plans to have more kids	Gold	Top cover for peace of mind	Corporate Gold and Ultimate Extras
		Silver Plus	Mid level cover	Family Care Advanced Silver Plus package
		Bronze Plus	Budget conscious	Corporate Bronze Plus and Active Extras
		Gold	Top cover for peace of mind	Corporate Gold and Ultimate Extras
	SINGLES & COUPLES No kids, not planning a family or kids have left home	Silver Plus	Mid level cover	Corporate Silver Plus and Advanced Extras
		Silver	Mid level cover	Corporate Silver and Active Extras
		Bronze Plus	Budget conscious	Corporate Bronze Plus and Lifestyle Extras

CONVENIENT PACKAGES

On pages 12-15 you'll find a detailed list of hospital and extras benefits.

YOUNG SINGLES AND COUPLES

8

Our new Future Care Basic Plus packages are designed for the lifestyle and budgets of young, healthy people. They're a combo of budget hospital cover and a flexible extras limit to give you the freedom to choose how you use your extras.



FUTURE CARE 250/500/750 BASIC PLUS PACKAGES

We offer a choice of 3 packages, each with a different hospital excess and extras services and limits, so you can pick what's best for you.

- Choose from a \$250, \$500 or \$750 excess
- ✓ A flexible extras limit so you can pick the services you claim most
- An additional optical limit with Future Care 250 & 500
- Claim on teeth whitening provided by vour dentist#
- 100% back* on:
 - certain prescription glasses[^] and a FREE digital retinal image with your eve test (excluding Future Care 750)
 - an initial physio consult
- Accident Safeguard get the benefits of our top hospital cover for 90 days if you're in an accident[∞]
- Ambulance cover in emergencies
- **Complimentary** overseas travel insurance cover for everyone on your policy~.

[~] HCF has arranged for overseas travel insurance cover (Cover) under and by way of a master policy issued by AIG Australia Limited ABN 93 004 727 753. AFSL 381 686 to HCF. This Cover is available to you while you remain a Future Care Basic Plus policyholder, subject to our or AIG's right to remove or alter the Cover on 30 days' notice. The terms, conditions and General Exclusions of the Cover are specified in the 'Conditions of Use' (available at hcf.com.au/corporate-bonus-travel) as amended, and must be reviewed to make sure that the Cover meets your needs.

FAMILY CARE SILVER PLUS

This package is ideal if you're planning a family, it covers you for pregnancy and birth (after a 12 month waiting period), as well as dental, optical and popular therapies.

- Private hospital cover for pregnancy and birth
- Hospital and extras package with antenatal and postnatal support. including childbirth education classes and breastfeeding support services provided by the Australian Breastfeeding Association
- Accident Safeguard get the benefits of our top hospital cover for 90 days if you're in an accident∞
- No excess for kids or for accident related treatment (for services included in your cover)
- Flexible extras limit so you can claim the 1 included services you need most, with an additional optical limit
- HCF-approved learn to swim and weight management programs
- 100% back* on:
 - up to 2 dental check-ups per year, scale and cleans and a fluoride treatment
 - certain prescription glasses[^] and a FREE digital retinal image with your eye test.

PLANNING A FAMILY

If you're planning to have kids, or adding to a growing family, HCF's Family Care Silver Plus or Family Care Advanced Silver Plus packages have you covered for the journey ahead. We offer a wide range of services and treatments for before, during and after your pregnancy.

FAMILY CARE ADVANCED SILVER PLUS

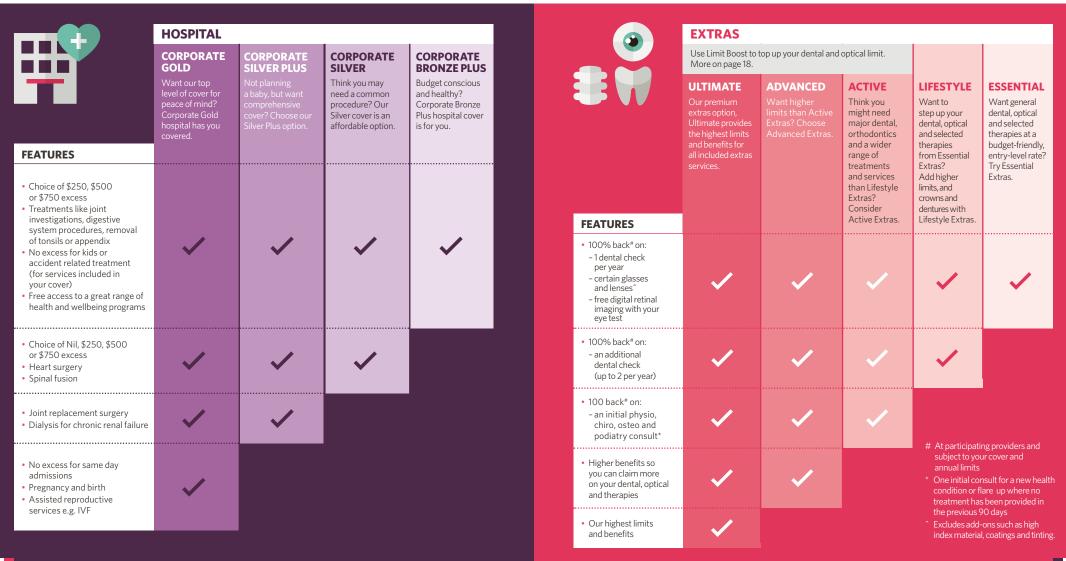
All of Family Care Silver Plus with these added benefits:

- 100% back* on:
 - an initial physio, chiro, osteo and podiatry consult
- ✓ Added family-friendly extras services including orthodontics, speech therapy, podiatry and foot orthotics, School Accident Benefit** and occupational therapy.
- [#] Service limits apply.
- * At participating providers, subject to your cover and annual limits. Exclusions apply. To find out more, visit hcf.com.au/100back
- [^] Excludes add-ons like high index material, coatings and tinting. ∞ To be eligible, must go to a hospital emergency department within
- 24 hrs. Benefits are not payable for expenses incurred in relation to an injury where compensation, damages or benefits may be claimed from another source. Other conditions apply. See hcf.com.au/accident-safeguard
- ** 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

CHOOSE THE RIGHT COVER FOR YOU

Create your own package by mixing and matching different individual covers. Ask yourself - do I want to combine hospital and extras covers? Or do I only need hospital? Or just extras? You get the flexibility to pick what works for you.

On pages 12-15 you'll find a detailed list of what's covered.



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EXTRAS

HOSPITAL

ONLY

EXTRAS

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WAITING PERIODS

HOSPITAL	
Palliative care Hospital psychiatric services Rehabilitation	2 months
Pre-existing ailments or conditions Pregnancy and birth	12 months
All other hospital services including treatments under Accident Safeguard	2 months
AMBULANCE	
Emergency ambulance	1 day

Waiting periods vary according to the type of treatment or service. Members who have held a hospital cover for at least 2 months and upgrade to Corporate Gold to receive hospital psychiatric services as a Covered Service may not be required to serve the waiting period for hospital psychiatric services. Members who have held Corporate Gold for less than 2 months may elect to serve a reduced waiting period of 2 months minus the length of time that the member held Corporate Gold. This exemption or reduction can only be accessed once in a member's lifetime.

© RESTRICTED COVER

Restricted Cover is where certain services are specified as being Restricted Services under a hospital product and where Minimum Benefits are applicable. From time to time, the Commonwealth Minister for Health sets out a rate for Minimum Benefits. These Minimum Benefits apply to Restricted Services under some of our hospital covers. If you have Restricted Services under your cover, HCF will pay the Minimum Benefit for a shared room and benefits for government approved Prostheses List items for these Restricted Services. This 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 significant out-of-pocket expenses. When Accident Safeguard applies, you'll receive the same benefits as those for Covered Services.

See page 23 for further details.

× SERVICES NOT INCLUDED

If you choose a hospital cover where some treatments are not included in your cover then no benefits are payable for those treatments and all services associated with those treatments e.g. prosthesis, medical, diagnostics, except in the case of Accident Safeguard.

Services Not Included differ in private and public hospitals, see page 23 for further details.

Please note: Other service exclusions apply. For more information on excluded services read page 24.

- Covered service on an unrestricted basis at participating hospitals
- **R** Restricted Cover
- × Services Not Included
- Covered for certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes. See **hcf.com.au/ insulinpumps** to find out if you're covered.

 $^{\circ}$ Terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more.

Excluding experimental and high-cost non-PBS drugs. See page 24 for more information.

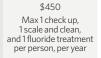
~ Limited Benefits apply. Default Benefit level payable by HCF for Hospital Treatment as determined under the Private Health Insurance Act.

* Includes associated speech and sound processors (including upgrades).

12

E	EXTRAS	LIMITS SUMMARY		FAMILY CARE ADVANCED SILVER PLUS ₩ • • • • ≢ ¶	FAMILY CARE SILVER PLUS ₩ •	FUTURE CARE 250 BASIC PLUS 👁 🍙	FUTURE CARE 500 BASIC PLUS	FUTURE CARE 750 BASIC PLUS	ULTIMATE EXTRAS ₩ •	ADVANCED EXTRAS ₩ • ఎ ≣ ¥ ~7	ACTIVE EXTRAS ₩ • • • • ‡ ¥ ~7	LIFESTYLE EXTRAS
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	Spectacle frames		PERIODS									
OPTICAL	Glasses &	'	2	\$300	\$250	\$180	\$180	×	\$300	\$250	\$225	\$200
OFTICAL	contact lenses	Spectacle lenses - pair [^]	months	006¢	φ25U	\$10U	\$10U	^	\$300	\$Z30	\$225	\$200
		Contact lenses - pair										
		Examinations							No annual limit Max 2 check ups, 2 scale and clean, and 1 fluoride treatment per person, per year	No annual limit		
	Diagnostic & preventative	Single film X-rays - initial/subsequent (on same day)	_			\$900	\$750			Max 2 check ups, 2 scale and clean, and 1 fluoride treatment per person, per year	_	
GENERAL	preventative	Removal of plaque/calculus	2									
DENTAL		Application of fluoride	months									
	Tooth extractions	Simple extractions	-			combined limit per	combined limit per	\$600			Year1\$850	
	Fillings - direct	Direct fillings (1-2 surfaces)			\$1,150 combined	person, per year for all services covered	person, per year for all services covered	combined limit per person, per year			Year 2 \$950 Year 3+ \$1,050	\$650
	Fillings - indirect	Direct fillings (3 or more surfaces)		-	limit per person,	except optical	except optical	person, per year			fedi 5+ ⊅1,050	Max 2 check ups,
		Indirect fillings	-		per year, for all covered services						Max 2 check ups,	2 scale and clean, and 1 fluoride treatment
	Oral surgery Periodontics	Surgical extractions	-		except optical				¢1.200	¢1100	2 scale and clean, and 1 fluoride treatment	per person, per year
	Endodontics	Treatment of tissue surrounding teeth							\$1,300	\$1,100	per person, per year	
		Treatment of root canals	-	except optical \$2,100 life-time limit for orthodontics with a sub-limit of \$1,050 for other					-			
MAJOR	Crowns & bridges	Placing of crowns and bridges Dentures and/or components (partial and complete).										
DENTAL	Dentures	Limits renew every 3 years from the date you received them (excluding Family Care Silver Plus & Family Care Advanced Silver Plus)	12 months			×	×	×				
	Orthodontics	Correction of teeth and jaws by an orthodontist or other dentist			×				\$800 (\$400 for other dentists) Lifetime limit \$2,400 for orthodontist with \$1,200 sub-limit for other dentists	\$800 (\$400 for other dentists) Lifetime limit \$2,400 for orthodontist with \$1,200 sub-limit for other dentists	\$600 (\$300 for other dentists) Lifetime limit \$1,800 for orthodontist with \$900 sub-limit for other dentists	×
		Physiotherapy (group and/or classes are covered under		dentists							Year 1\$400	
	Initial/ subsequent	Health Management Program where available) Exercise physiology (group and/or classes are covered	-		With combined limit	With combined limit	With combined limit	With combined limit	\$750	\$600	Year 2 \$450	\$350
		under Health Management Program where available)									Year 3+ \$500	
		Occupational therapy			×	×	×	×			Year1\$400	
		Psychology (after Medicare entitlement is used up)	2 months (12 months for foot) orthotics)			With combined limit	With combined limit	With combined limit	\$750	\$600	Year 2 \$450 Year 3+ \$500	×
									¢ 4EO	¢2E0		
THERAPIES		Chiropractic/osteopathy			With combined limit				\$450	\$350	\$300	\$150
		Remedial massage and myotherapy							\$450 Sub limit \$200 per	\$350 Sub-limit \$300 per	\$300 Sub-limit \$200 per	
		Acupuncture and Chinese herbal medicine consultation		×						therapy service type	therapy service type	
		Podiatry (including foot orthotics). Note: foot orthotics annual limit on Active Extras is capped at Year 1 Audiology			× With combined limit			×	\$450	\$300	Year 1 \$200 Year 2 \$225	×
		Speech pathology							,		Year 3+ \$250	
		Dietetics										
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	2	With combined					\$280	\$280	\$180	×
	HCF-approved vaccines & immunisations	After PBS equivalent co-payment subtracted	months	limit		With combined limit	With combined limit	With combined limit	<i>\$</i> 200	<i>\$</i> 200	<i>\$</i> 100	\$100
	Artificial aids & appliances	HCF-approved (e.g. low vision aids, blood glucose monitors)	12 months						Max \$250 per policy	Max \$200 per policy	Max \$150 per policy	
OTHER	Hearing aids	Benefits accrue over time and renew every 3 years from the date you received them	12 months	×		×	×	×	Under 1 year NIL Up to 5 years \$800 6-9 years \$1,100 10-14 years \$1,400 15+ years \$1,800	Under 1 year NIL Up to 5 years \$800 6-9 years \$1,100 10-14 years \$1,400 15+ years \$1,800	Under 1 year NIL Up to 5 years \$600 6-9 years \$800 10-14 years \$1,000 15-19 years \$1,200 20+ years \$1,600	×
	Health Management Programs	classes and breastfeeding consultations)	- 2	With combined limit	With combined limit				\$150 per person Max \$300 per policy	\$100 per person Max \$200 per policy	\$75 per person Max \$150 per policy	\$50 per person Max \$100 per policy
		Additional HCF-approved antenatal/postnatal services - Pregnancy compression garments, breastfeeding support services provided by the Australian Breastfeeding Association	months						×	×	×	_
14	Travel & accommodation	200km return trip for a consulting medical specialist and/or hospital admission. hcf.com.au/travel-accommodation		×	- ×				Max \$250 per policy	Max \$250 per policy	Max \$200 per policy	×
14	School Accident Benefit	Helps pay out-of-pocket extras expenses for extras in your cover (per eligible child). hcf.com.au/school-accident	2-12 months	With combined limit					\$225 per eligible child	\$175 per eligible child	\$125 per eligible child	

\$150





X

X

\$120

×

\$50 per person Max \$100 per policy

×

GET 100% BACK ON SELECTED EXTRAS



Subject to your cover and annual limits, you can get 100% back at participating providers. These include:



Dental check-ups through More for Teeth providers.



• Prescription glasses[^] and free digital retinal imaging with your eye test through More for Eyes providers.



An initial physio consult through More for Muscles providers*.



An initial chiro and osteo consult through More for Backs providers*.



An initial podiatry consult through More for Feet providers*.

Use your 'Limit Boost' to top up your optical and/or dental annual limit each year.

To find a participating provider go to hcf.com.au/findaprovider

- × Services Not Included
- ^ Excludes add-ons such as high index material, coatings and tinting.
- * One initial consult for a new health condition or flare up where no treatment has been provided in the previous 90 days.

LIMITS

Annual limits, per person, per calendar year, unless otherwise specified (set benefits apply per service item).

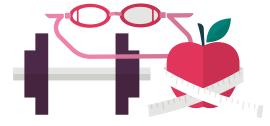
WAITING PERIODS

EXTRAS	
Artificial aids and appliances (e.g. low vision aids, blood glucose monitors) Major dental Foot orthotics Hearing aids Orthodontics Pre-existing ailments and conditions	12 months
School Accident Benefit	2-12 months
All other extras services	2 months



HEALTH & WELLBEING SUPPORT TO STAY HEALTHY, THAT'S **UNCOMMON** CARE

We want you to be your healthiest self and get the most out of your cover. That's why we give you access to a range of health and wellbeing programs.





FIND A PARTICIPATING NO-GAP SPECIALIST OR PROVIDER

Our online search tool can help you or your GP find a specialist or provider that will charge no-gap or a reduced gap in the location most convenient to you.

hcf.com.au/findaprovider

ESTIMATE YOUR HOSPITAL COSTS

Get an average cost for your next hospital procedure and find out the difference your choice of doctor and hospital can make.

hcf.com.au/preparing-for-hospital

PREPARING FOR **HOSPITAL ONLINE**

If you need to go to hospital, our online resource can help you understand more about your procedure, how to prepare, what questions to ask, what to expect in hospital and what aftercare you may need. You can also learn firsthand about the procedures through 3D animations and

hcf.com.au/preparing-for-hospital



A GP AT YOUR FINGERTIPS

member experience videos.

We've partnered with online GP service GP2U. Save time in the waiting room by having a video consultation with a GP in the comfort of your home or office.

hcf.com.au/gp2u



On eligible covers, you may be able to claim for a range of programs and services to guide and support you through pregnancy and after birth. A 2 month waiting period applies.

Programs and services include:

- childbirth education classes face-toface in hospital, as well as access to Birth Beat's online courses
- breastfeeding consultations
- antenatal and postnatal group physio.

You may also claim benefits back on:

- pregnancy compression garments
- breastfeeding support services provided by the Australian Breastfeeding Association.

hcf.com.au/family

FREE SECOND OPINION SERVICE

Use our network of Aussie-based medical specialists to get a free second opinion on a health condition vou're worried about. You'll have the chance to ask questions so you can confidently make the best decision for your health.

You must have had hospital cover for 12 months and a specialist consultation to use this service. Excludes Corporate Accident Only Basic cover. Conditions apply.

hcf.com.au/secondopinion



MANAGE YOUR WEIGHT FOR CHRONIC CONDITIONS

Our free Healthy Weight For Life programs help improve your quality of life if you're overweight and have Type 2 diabetes, a chronic heart condition or osteoarthritis. You must have held an eligible hospital product for 12 months.

hcf.com.au/hwfl

HEALTH CHECKS



The Victor Chang Cardiac Research Institute conducts roving free heart health checks for HCF members aged 18 and over with extras cover at selected HCF branches. It only takes 10 minutes and results are available immediately.

hcf.com.au/victorchang

EXERCISE CLASSES AND GYM MEMBERSHIP FEES*

If you have a specific medical condition and your doctor has prescribed an exercise program, you may be able to claim benefits towards it on eligible extras products. A 2 month waiting period applies.

hcf.com.au/healthmanagement

the provider of the program is recognised by us.





CLAIM ON WEIGHT MANAGEMENT PROGRAMS*

To help you achieve a healthy weight, you may be able to claim on eligible extras products towards dietitian-led HCF-approved weight management programs. A 2 month waiting period applies.

hcf.com.au/healthmanagement

LEARN TO SWIM **LESSONS***

You may be able to claim for swimming lessons run by swim schools that are: ASSA members, AUSTSWIM (Gold and Silver level) or Swim Australia swim centres. Squad training or recreational swimming is not covered. You must have held an eligible extras product for at least 2 months.

hcf.com.au/healthmanagement

BOWEL CANCER SCREENING*

If you're outside of the free testing ages through the National Bowel Cancer Screening Program, you may be eligible to claim towards the bowel cancer screening kit under your extras cover. A 2 month waiting period applies.

hcf.com.au/healthmanagement

* Before you start any Health Management Program, check with us that you're on eligible cover and

UNEXPECTED WAYS YOU GET MORE, THAT'S UNCOMMON

We offer more than just great health cover. As an HCF member you have access to a fantastic range of additional benefits, rewards and offers.

FREE SUBSCRIPTION

and we'll pop it in the post.

hcf.com.au/subscribe

TO HEALTH AGENDA MAGAZINE

nutrition, fitness, and mental health.

It's free for members - simply subscribe

Our member magazine Health Agenda inspires

readers to make healthier choices. It's packed

with insightful articles on popular topics like

INVOLUNTARY UNEMPLOYMENT ASSISTANCE

We'll pay your HCF health insurance premiums if you become involuntarily unemployed for up to 6 months (183 days to be exact). Available to all members who've had hospital cover for at least 12 months.

Excludes extras only cover, Ambulance Only and Overseas Visitors Health Cover. Conditions and waiting periods apply.

hcf.com.au/unemployment-assistance



LIMIT BOOST

Limit Boost lets you top up your annual limit on dental and optical. The limit boost kicks in after 12 months on your extras cover and grows every year, up to year 6.

LOYALTY REWARDS	ULTIMAT	EEXTRAS	ADVANCE	DEXTRAS	ACTIVE EXTRAS		
years of membership	Single	Couple/family	Single	Couple/family	Single	Couple/family	
Year 1	N/A	N/A	N/A	N/A	N/A	N/A	
Year 2	\$100	\$200	\$75	\$150	\$50	\$100	
Year 3	\$125	\$250	\$100	\$200	\$75	\$150	
Year 4	\$150	\$300	\$125	\$250	\$100	\$200	
Year 5	\$175	\$350	\$150	\$300	\$125	\$250	
6 years or more	\$200	\$400	\$175	\$350	\$150	\$300	

The above table shows the **Limit Boost** that applies to eligible extras covers when taken together with hospital cover. **Limit Boost** amounts apply per policy and renews on your policy anniversary date. Any unused **Limit Boost** cannot be carried into the following year.

TRAVEL INSURANCE

Travelling the world is one of life's greatest joys. Take advantage of our discounted rates on travel insurance.

SAVE UP TO 20% ON HCF TRAVEL INSURANCE*

Choose from travel insurance options for all budgets, singles or families, frequent travellers or single trippers, overseas or Australian holidays.

Travel with the knowledge that there are Australian-based nurses and call centre staff available 24/7 to help you when you need it.

hcf.com.au/travel

* All HCF members are eligible for at least 10% discount on HCF Travel Insurance. HCF Emerald members get 15% discount, and Ruby and Diamond members get 20% discount.

Travel insurance is issued and managed by AWP Australia Pty Ltd ABN 52 097 227177 AFSL 245631 trading as Allianz Global Assistance as agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 (Allianz). The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 AFSL 241414 (HCF) arranges this insurance as agent for Allianz. We do not provide any advice based on any consideration of your objectives, financial situation or needs. Terms, conditions, limits and exclusions apply. Before making a decision, please consider the Product Disclosure Statement available at **hcf.com.au/travel**. If you purchase this insurance, we will receive a commission that is a percentage of the premium. Ask us for details before we provide you with any services.

PET INSURANCE

Help protect your fur babies with discounted rates on pet insurance.

SAVE UP TO 15% ON HCF PET INSURANCE

If you have a cat or dog, HCF pet insurance can help with vet bills, providing up to 80% back.

cf.com.au/petinsurance

All HCF members are eligible for at least 10% discount on HCF Pet Insurance. HCF Ruby and Diamond members get 15% discount. Existing HCF Pet Insurance policies will have the relevant discount automatically applied at renewal. Please note that HCF Pet Insurance is general insurance issued and underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241436, and is not part of The Hospitals Contribution Fund of Australia Limited's (HCF) health insurance business. Please read the PDS and do not assume that pet insurance and health insurance are similar. HCF Pet Insurance is distributed and promoted by HCF AFSL 241414 and administered by Petsure (Australia) Pty Ltd ABN 95 075 949 923 AFSL 420183. Consider the PDS at **hcf.com.au/petinsurance** before making any decisions about this product. Terms, conditions, waiting periods and exclusions apply.



Choosing a health fund is a pretty big deal, so we want to say thanks for your loyalty. You'll get access to a great range of exclusive offers and rewards. And the longer you stay with us, the more ways we can say thank you. hcf.com.au/thankyou

YOU

CASH ASSISTANCE FOR EXTRA PEACE OF MIND

We offer a range of affordable cash assistance covers that pay you to help cover things your health insurance may not. It's easy to apply with no medical checks, offering a simple cover option for added protection and peace of mind.



LIFE STAGE COVER

We have cash assistance cover for different life stages that pays you a lump sum to help you and your family if you get sick or are injured in an accident. You can use this money however you like, whether it's to pay for treatment costs, medicines or to pay living expenses while you're not working.

FOR KIDS

KIDS' ACCIDENT COVER Protection for your child that pays you a benefit if they get injured[#] to help cover any extra treatment costs.

- For children aged 0–16
- Pays a benefit of up to \$100,000, with a multiple claim option
- Covers many common fractures and breaks
- No waiting periods.

Costs: \$0.90 per week per child.

FOR UNDER 30s

BOUNCEBACK COVER Pays out if you get sick with a number of illnesses or require surgery as the result of an accident.

- Apply if you're aged 16-30
 Pays a benefit of up to \$100,000, with the ability to make multiple claims
- Covers surgery for a number of major illnesses like tonsillitis and appendicitis
- Covers many common fractures and breaks
- 90 day waiting period for all covered cancers and heart conditions.

FOR OVER 55s

PERSONAL ACCIDENT INSURANCE Protection for the unexpected with a payment to you or your family if you're injured or pass away as a result of an accident in Australia.

- Apply if you're aged 55-74
- Choice of \$25,000 and \$50,000 levels of cover
- Covers a range of specified fractures, dislocations and burns.

Costs: from \$3.20 per week for singles and \$6.40 per week for couples.

Costs: from \$7 per week.^

Please note: all covers exclude pre-existing conditions. Other exclusions apply, please see the relevant PDS & FSG for more information.

- # Accident should result in immediate impairment or permanent disablement that occurs within 6 months of an accident.
- ² Premium will be \$1 per day until you reach the age of 35, after which premiums will be based on your age.

to work.

- * Surgery must be in an operating theatre and within 6 months of the date of the accident.
- + Should have been employed for the past 12 months with the same employer or in the same occupation.
- Funeral advancement benefit is only payable on accidental death for the first 3 years and for death from any cause after 3 years.

For longer-term solutions, we offer a range of cash assistance options that pay you or your family if you

get sick, injured or pass away. You can use your cash payment to pay for any additional medical costs,

FOR INCOME COVER

INCOME ASSIST INSURANCE

Pays you a monthly income

if you can't work because of

• Apply if you're aged 18–54

your average monthly income

(up to \$6,000 per month)

Available to those working

21 hours or more per week⁺

child care and care during

illness or injury.

Pays up to 75% of

for up to 12 months

· Additional benefits for

expenses incurred on

• 30 day waiting period for

each period you're unable

Costs: from \$1.65 per week.

get in touch for your quote.

bed confinement

take time off work or to cover funeral costs with quick claims payments.

For more info:

LIFETIME COVER

FOR ACCIDENT &

ILLNESS COVER

CASH BACK COVER

Pays out if you get sick with

one of 6 major illnesses or

if you need surgery as the

Apply if you're aged 16–60

· Pays a lump sum benefit

Make multiple claims up

\$40,000 for families

Covers illnesses such as

• 2 month waiting period

• No waiting periods for

for all covered illnesses

Costs: \$2 per week for singles

and \$4 per week for families.

major cancers

accidents.

heart attack, stroke and

to \$20,000 for singles and

result of an accident*.

of \$5,000



GO TO hcf.com.au/life-insurance

FOR LIFE COVER

SMART TERM INSURANCE Pays you or your loved ones if you get a terminal illness or pass away.

- Apply if you're aged 18-54
- Choose up to \$500,000 cover
- Early payment if you're diagnosed with a terminal illness
- Advance payment of \$10,000 to help cover funeral expenses[~].

Costs: dependent on age, gender, smoking status and choice of benefit amount, get in touch for your quote.

VISIT A

branch

Please consider each Product Disclosure Statement and Financial Services Guide available by calling 13 13 34 or visiting hcf.com.au/life-insurance, and consider your financial situation, objectives, and needs before deciding on these products as any advice provided does not take these into account. These covers are issued by our own HCF Life Insurance Company Pty Ltd. ABN 37 001831 250, AFSL 238 806 (HCF Life), HCF Life is a wholly owned subsidiary of The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746, AFSL 241 414 (HCF). The premiums for the life insurance products are paid to HCF Life. HCF receives commission from HCF Life for their sale of 40% of the first year's premium plus an additional commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses. HCF's staff receive an incentive depending on the annual premium of these products which they sell. This will not exceed 20% of the first year's premium.

THINGS YOU NEED TO KNOW

Info to help you make the right choice, pay lower premiums and avoid unnecessary costs.

REBATES, SURCHARGES AND INCENTIVES

Private health legislation can affect your choice of health cover, so here's some useful information on how to get your maximum entitlements and avoid unnecessary expenses.

AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

To help make private health cover more affordable, the Australian Government provides a rebate on your health insurance premium. The rebate is available to people with hospital, extras or ambulance cover, and who are registered with Medicare. The rebate is income tested, so your entitlement may change depending on your income and your age.

You can take the rebate as:

- A reduced premium
- OR
- A tax offset credit in your annual tax return.

When calculating your income be sure to include taxable income, fringe benefits, reportable superannuation contributions, net financial investment losses and more. You may have to pay additional tax if you nominate an incorrect rebate tier.

We can provide you with general information on these thresholds, for personal advice specific to your circumstances you should consult your accountant, financial advisor or the ATO at **ato.gov.au** or **13 28 65**.

See **privatehealth.gov.au/healthinsurance/ incentivessurcharges** for the list of rebate percentages.

MEDICARE LEVY SURCHARGE

The Medicare Levy Surcharge is an Australian Government initiative designed to encourage high-income earners to be responsible for their health care. It only applies if you'll earn above this year's income threshold and don't have eligible private hospital cover.

You can avoid paying this by having eligible HCF hospital cover. If you don't have eligible private hospital cover and fall into these income thresholds, you'll be charged an additional surcharge on your Medicare levy when your tax return is assessed.

To view this year's income thresholds and Medicare Levy Surcharge information, go to **privatehealth.gov.au/healthinsurance/ incentivessurcharges**

LIFETIME HEALTH COVER

Lifetime Health Cover (LHC) is a government initiative that encourages people to take out hospital insurance earlier in life, and maintain their cover.

In some cases, you may be exempt or fit into a special circumstances category. If you don't have hospital cover with an Australian registered health fund on 1 July following your 31st birthday, and then decide to take out hospital cover later in life, you could pay a 2% loading on top of your premium, for every year you are aged over 30.

For example, if you take out hospital cover at age 40 you could pay 20% more than someone who first took out hospital cover at age 30.

The maximum loading is 70%. Once you have paid a LHC loading for 10 continuous years, the loading is removed as long as you retain your hospital cover. For members who have switched from another fund, if your LHC loading differs to what was listed in the transfer certificate, your premiums may change accordingly.

The Australian Government Rebate does not apply to the LHC component of private health insurance. This means if you are eligible for the rebate and also have a LHC loading, the rebate won't apply to the LHC portion of your health insurance.

To find out if you need to pay the LHC loading, you can use the Lifetime Health Cover calculators at **privatehealth.gov.au** (and search for Lifetime Health Cover).

For more information, visit **hcf.com.au** or call us on **13 13 34**.

PRE-EXISTING AILMENTS OR CONDITIONS

A pre-existing ailment, illness or condition is one where the signs or symptoms existed during the six months before joining HCF (or upgrading to a higher level of cover), even though a diagnosis may not have been made. An HCF-appointed medical practitioner will examine information provided by your doctor, and any other relevant claim details.

WHO CAN BE COVERED?

Before taking out health insurance, you should understand who can be covered under your policy. You can find out more by visiting **hcf.com.au/faqs**, and searching for 'Who does my membership cover?'

HOSPITAL COVER FOR IN-PATIENT SERVICES

Hospital benefits are payable when you're admitted to hospital for treatment. These are called 'in-patient' services, and only in-patient services are covered by your hospital cover.

HOSPITAL GAP

Private hospitals charge for accommodation, operating theatres, Prostheses and other hospitalrelated services. HCF has agreements with the majority of private hospitals and day surgeries (known as participating private hospitals) across Australia.

This means you won't pay additional costs for services covered under your policy and under our agreement with the participating private hospital (except Restricted Services). This is subject to any excess you have on your policy, medical gaps (see below) and the conditions relating to your hospital cover. For Services Not Included under your policy, you're responsible for full costs.

HCF hospital cover will only pay benefits for in-patient services (from when you're officially admitted to hospital to when you're officially discharged), they don't cover outpatient services before or after your hospital admission.

If you're at a non-participating private hospital or a private patient in a public hospital or received Restricted Services, Minimum Benefits will apply and you may incur significant additional expenses, in addition to your excess and medical gaps. Minimum Benefits means from time to time, the Commonwealth Minister for Health sets out a rate for Minimum Benefits. HCF will pay the Minimum Benefit for a shared room and benefits for government approved Prostheses List items for these Restricted Services. This means that you may have to pay significant out-of-pocked expenses in a private hospital.

To check if your planned hospital admission will be in a participating private hospital, please visit **hcf.com.au/participatinghospitals**, drop into a HCF branch or call us on **13 13 34**. Please note: these agreements are updated from time to time and subject to change.

MEDICAL GAP

Medical services provided while you are admitted to hospital (like doctors', anaesthetists' and surgeons' fees, and diagnostic services such as X-rays, scans and blood tests) are charged separately from hospital services. Medicare covers 75% of the Medicare Benefits Schedule (MBS) fee for these services and HCF covers the remaining 25% (for eligible services).

However, many providers charge more than the MBS fee, so you may face additional out-of-pocket expenses (known as the 'medical gap').

HCF has arrangements (under our Medicover or other medical agreements) with more than 35,000 doctors across Australia that help eliminate or reduce gaps for doctors' services for our members.

Please note: these agreements are updated from time to time and subject to change.

EXTRAS

Under HCF extras, we will pay a set amount of benefits for services, subject to annual limits. The amount of benefits will vary depending on your cover. You must pay the difference between what the extras provider charges and the benefits we pay.

WHAT'S NOT COVERED

There are a number of situations where our health insurance doesn't cover you unless HCF is required to pay benefits under the *Private Health Insurance Act*:

- elective Cosmetic Surgery
- if a Service is listed as not included in the Product Information. For some Hospital Covers, an exclusion may not apply when a Member receives Treatment as the result of an Accident (see hcf.com.au/accident-safeguard). For other Hospital Covers, the Service is
- not included regardless of whether or not Treatment is required as a result of an Accident
- claims made 2 years or more after date of Service
- when a Member has the right to recover the costs from a third party other than HCF, including an authority, another insurer or under an employee benefit scheme
- treatment for Pre-Existing Conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12 month Waiting Period (the Pre-Existing Condition Waiting Period applies to new Members and Members upgrading their Policy to any higher level Benefits under their New Policy)
- services received during any period where payment is in arrears, the Policy is not financial, the Policy is suspended or within a Waiting Period
- treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice
- any Service where the Treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules

- emergency room fees
- services that are not delivered face-to-face, such as online or telephone consultations, unless a Member is participating in a Chronic Disease Management Program or Health Management Program
- services supplied by a provider not recognised by HCF
- services provided outside Australia which do not meet the requirements under the *Private Health Insurance Act*
- ambulance transfers between hospitals (emergency or non-emergency)
- claims that do not meet HCF's criteria as set out in the Fund Rules.

In addition, our hospital cover doesn't include the following unless HCF is required to pay benefits under the *Private Health Insurance Act*:

- Hospital Benefits (including Medical Benefits) for Services in respect of which the claim is not approved for payment by Medicare
- experimental treatment or other treatment that does not fall within a clinical category under the Private Health Insurance (Complying Product) Rules that is covered by the product
- experimental, high cost non-PBS Drugs and Therapeutic Goods Administration (TGA) approved Drugs used for a purpose other than that for which they were approved
- hospital benefits relating to procedures (and other associated goods and services) that do not require a hospital admission (except certified Type C procedures)
- private room accommodation for same-day procedures
- respite care
- benefits for Nursing Home Type Patients except as required under the *Private Health Insurance Act*
- special nursing
- luxury room surcharge
- donated blood and blood products
- donated blood collection and storage
- PBS pharmaceutical benefits in private Non-Participating Hospitals
- pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission

- take home items including crutches, toothbrushes and drugs
- personal convenience items including the cost of phone calls, newspapers, magazines and beauty salon services
- massage and aromatherapy services
- select Services provided while in Hospital by non-hospital providers
- benefits where a Service is a Service Not Included for the payment of Benefits in a Hospital, and any other Services directly related to those Services including medical, diagnostic, prosthesis and pharmacy received at the same time except when Accident Safeguard applies
- the gap on government approved gappermitted Prostheses items
- benefits greater than Minimum Benefits if

 a Service is listed as a Restricted Service in
 the Product Information. For some Hospital
 Covers, Minimum Benefits may not apply when
 a Member receives Treatment as the result
 of an Accident (see hcf.com.au/accident safeguard). For other Hospital Covers,
 Minimum Benefits apply regardless of
 whether or not Treatment is required
 as a result of an Accident.

In addition, our extras cover doesn't include:

- psychological and developmental assessments
- co-payments and gaps for government funded health services including the co-payment for PBS items
- psychology treatment (where included under a Policy) unless a mental health plan has been prescribed under Medicare entitlements and these entitlements have been used up for the Calendar Year
- services while a Hospital patient except for eligible oral surgery
- pharmacy items that are not on HCF's approved pharmacy list including items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items supplied by a Hospital as take-home drugs, or items that are not registered with the Australian Register of Therapeutic Goods. See the Member Guide for details.
- · services that had not been provided at time of claim
- fees for completing claim forms and/or reports
- services received overseas or purchased from overseas including items sourced over the internet

- where no specific health condition is being treated or in the absence of symptoms, illness or injury (except some Chronic Disease Management Programs)
- routine health checks, screening and mass immunisations
- more than one therapy Service performed by the same provider in any one day
- where a provider is not in an independent Private Practice
- add-ons for optical such as high index material, coatings and tinting
- any service specifically excluded by law including Alexander Technique, Aromatherapy, Bowen Therapy, Beteyko, Feldenkrais, Western Herbalism, Homeopathy, Iridology, Kinesiology, Naturopathy, Pilates, Reflexology, Rolfing, Shiatsu, Tai Chi and Yoga.

Please note: our list of approved pharmacy items, artificial aids and appliances, participating hospitals and no gap providers are subject to change and updated regularly. If your cover includes any of these items and you wish to make a claim, please call us on **13 13 34** to confirm your benefits.

EMERGENCY AMBULANCE (EXTRAS ONLY)

For NSW or ACT residents with standalone extras cover, there is unlimited emergency ambulance cover for transport within NSW or the ACT.

For emergency transport received outside of NSW or the ACT, there is an annual limit of 1 service per person and 2 per policy.

Residents of Queensland are covered Australiawide under their state ambulance service scheme and no Benefits for ambulance services are payable by HCF.

Residents of Tasmania are covered across Australia under their state ambulance service scheme, excluding in Queensland and South Australia.

You may claim under your HCF cover for emergency ambulance services in these states, with an annual limit of 1 service per person and 2 per policy.

For residents in VIC, SA, NT and WA, if you don't have an ambulance subscription with your state ambulance service, you may claim under your HCF cover for emergency ambulance with an annual limit of 1 service per person and 2 per policy.

In all instances, Benefits are only claimable from HCF when you aren't otherwise covered for emergency ambulance services e.g. through state ambulance arrangements, pensioner or social security entitlements. Services must be provided by a state Ambulance Service Provider.

See the Member Guide for details. Nonemergency ambulance services are not covered.

Please note:

This is not a comprehensive list of items that aren't covered under hospital or extras cover. Please call 13 13 34 to check what you're covered for prior to going to hospital or for treatment.

This brochure should be read in conjunction with the HCF Member Guide, a copy of which is available at **hcf.com.au** or at HCF branches. Capitalised terms in this brochure have the meaning given to them in the Member Guide or the Fund Rules.

CHANGES TO PRODUCTS AND PRICING

Please read and retain this brochure for future reference. We reserve the right to make changes to prices, product specifications and other conditions relating to the products contained in this brochure. Please contact us before purchasing any products to make sure that you have the latest information available.

HOW YOUR RIGHTS ARE PROTECTED

Private health insurance code of conduct

The Private Health Insurance (PHI) Code of Conduct's aim is to improve the standards of practice and service in the private health insurance industry.



We support this by ensuring you:

- receive correct information about private health insurance
- are aware of the internal and external dispute resolution procedures
- can make an informed decision about your purchase

 vou're protected in accordance with the privacy principles.

For a full copy of the code, visit privatehealth.com.au/codeofconduct

HAVE A COMPLAINT?

We're committed to making sure your concerns are resolved as quickly as possible. If you have a complaint about any of the services we offer, your membership or cover, please let us know so we can help.

Call: 13 13 34 Email: service@hcf.com.au Write: HCF **GPO Box 4242**

Svdnev NSW 2001

If your health insurance complaint isn't resolved to your satisfaction, you can contact the Commonwealth Ombudsman by writing to GPO Box 442, Canberra, ACT, 2600, emailing phio.info@ombudsman.gov.au or you can call 1300 362 072. Their website is ombudsman.gov.au

They're an independent body formed to help resolve complaints and provide advice and information. This service is available to you free of charge.

If your complaint about life, pet or travel insurance is not resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers:

- Call: 1800 931 678 (free call) Visit: afca.org.au info@afca.org.au Email: Write: Australian Financial Complaints
 - Authority, GPO Box 3, Melbourne VIC 3001

LIFE INSURANCE CODE OF PRACTICE

HCF Life is a member of the Financial Services Council and we're bound by its Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to customers. For further information, visit www.fsc.org.au



OUR PRIVACY STATEMENT

HCF is committed to best practice privacy protection.

We collect your personal information including sensitive information such as health information from you and/or the Policyholder who is responsible for your policy and/or from other third parties detailed in our Privacy Policy, so we can:

- comply with applicable laws
- manage our relationship with you
- record your treatment
- provide health or other insurance, related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your insurance, health and related lifestyle needs
- investigate fraudulent or improper claims and assess risks
- research and develop products, services and benefits that may better serve your needs
- assess your possible interest in, and tell you about such products and services
- administer our business and deal with complaints.

We may share or disclose your personal information to third parties or individuals, some of which may be located overseas, including:

- to the policyholder, if you are a dependant or another member (e.g. partner or children) on the policy, for the purposes of your HCF membership. Our contract with the policyholder requires us to have full and free communication with the policyholder on all aspects of the policy, including the benefits claimed by any member under the policy
- to organisations that deliver services on our behalf or to us, such as third parties that we contract to assess or process claims, administer programs that we develop for the benefit of members, research companies contracted by us (to ask your opinions on improving the HCF Group's service, benefits or product offerings), third party vendors who placed targeted online ads for us on their sites and mailing houses

- other service providers, for example, our advisors for the purposes of obtaining legal advice or our technology providers
- HCF Evecare (which is separately owned and operated by Eyecare Holdings Pty Ltd)
- between companies within the HCF group of companies
- fraud prevention agencies, government bodies and regulators including law enforcement bodies such as the police, professional associations and industry bodies
- health service providers (where it is used to improve their ability to provide you with health services)
- other insurers or reinsurers including other health insurers where you have moved vour insurance to or from HCF
- where disclosure is otherwise authorised or required by or under applicable laws or any other legal or regulatory process.

We do not normally give personal information about you to anyone who is not on your membership. You'll need to give us written permission if you want someone who is not covered by your membership, such as a friend or carer, to deal with us on your behalf.

If you do not provide the personal information we request, we may not be able to provide you with our products or services, including health insurance.

You can ask us at any time to stop direct marketing to you by calling 13 13 34 or by logging onto the member section at hcf.com.au/members and updating vour preferences.

For more information about the personal information we collect and how we handle it. how to access and correct your information or to make a complaint and how we will respond to complaints, please read the HCF Privacy Policy:

- visit hcf.com.au/privacy
- visit your local branch.

All new Policyholders should ensure that all members on the policy are made aware of the HCF Privacy Policy.

All information in this brochure was correct at the time of printing.



JOIN HCF, WHERE UNCOMMON CARE MAKES COMMON SENSE

Looking to make a switch? Joining HCF is as easy as 1, 2, 3!

All you need to do is:

- 1. Choose or create the HCF cover that's right for you
- 2. Call 1800 880 049 or visit a branch
- 3. Leave the rest to us.

The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746 AFSL 241 414

HCF House: 403 George Street, Sydney NSW 2000 Postal Address: GPO Box 4242, Sydney NSW 2001











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