

## Federal Government rebate on private health insurance

The ongoing Federal Government Rebate helps make private health insurance more affordable by subsidising your Hospital and Extras premium costs. You have the option to take this rebate as a discount on your premium, apply it as a tax offset in your annual tax return or as a cash rebate from a Medicare office.

The rebate is 30% for people aged below 65.

## Medicare levy surcharge

Families and couples earning more than \$160,000 per annum or singles earning more than \$80,000 per annum can avoid the additional 1% Medicare Levy surcharge by having HCF private hospital insurance. Please go to [www.ato.gov.au](http://www.ato.gov.au) for further information.

## What is a hospital excess?

An excess is an amount you nominate to pay once per person per calendar year if you are admitted to hospital. An excess reduces your premium and is only payable if you are admitted to hospital.

Unlike most other funds, HCF:

- Only charges once per year if you use it;
- Charges no excess for same day surgery and accidents.

## Waiting periods

Waiting periods must be served before benefits are paid. They apply to:

- New members
- Existing HCF members who upgrade to a higher level of cover or reduce excess payable. In this case, you need to serve the necessary waiting period for the higher benefit entitlement.
- Members who switch from another fund who have not already completed the required waiting period for equivalent benefits.
- New dependants, unless they switch from another fund where they have completed the required waiting period for equivalent benefits.
- Treatment of a pre-existing ailment.
- Members who rejoin after break in cover.

Waiting periods vary according to the type of treatment or service and are as follows:

### Hospital waiting periods

1 day	Emergency ambulance, except where longer waiting periods apply (see below).
2 months	Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance (where not for pre-existing ailments).
12 months	Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth-related services.

### Extras waiting periods

2 months	All services except those below.
6 months	Health Management Programs.
12 months	Artificial appliances. Pre-existing ailments. Crowns, bridges, dentures, endodontics, occlusal therapy*, oral surgery, periodontal, prosthodontics, veneers, dental bleaching and orthodontics.
2 years	Hearing aids/repairs.

\*Correcting grinding or biting on surface of teeth.

## Pre-existing ailments or conditions

A pre-existing ailment or condition is an ailment or illness or a condition where the signs or symptoms existed any time during the six months before 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 or condition is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.

## HCF health insurance does not cover:

- Claims made two years or more after date of service.
- When you or your dependants have the right to recover the costs from a third

party other than us, including an authority, another insurer (eg. motor vehicle or workers compensation), or under an employee benefit scheme.

- Treatment for pre-existing ailments or conditions (within the first 12 months).
- Goods and services received during any period where your payment is in arrears, your membership is suspended or you are within waiting periods.
- Treatment that we deem inappropriate, after receiving independent medical or clinical advice.
- Any service where the treatment does not meet the standards in the Private Health Insurance Accreditation Rules 2008.
- Services that are not delivered face to face, such as online or telephone consultations, unless you are participating in one of our chronic disease management or health improvement programs such as My Health Guardian.
- Services supplied by a provider not recognised by us.
- Claims that do not meet our criteria.

## In addition, HCF hospital cover does not include:

- Medical Gap and hospital benefits for excluded items or procedures and/ or when the claim is not approved for payment by Medicare Australia.
- Private room accommodation for same-day procedures.
- Experimental treatments.
- Experimental and high cost non-PBS drugs.
- Procedures normally performed in the doctor's surgery or as an outpatient.
- Private hospital emergency room fees.
- Respite care.
- Nursing home-type patients are limited to benefits set by the Commonwealth Department of Health and Ageing.
- Special nursing i.e. your own private nurse.
- Luxury room surcharge.
- Donated blood and blood products and donated blood collection and storage.
- PBS pharmaceutical benefits in non-participating private hospitals.
- Pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission.
- Take home items e.g. crutches, toothbrushes and drugs.
- Personal convenience items e.g. phone calls, newspapers, magazines and beauty salon services.
- Massage and aromatherapy services.
- Some services provided while in hospital by non-hospital providers.
- Where a service is excluded from the payment of benefits in a hospital, any associated items (e.g. medical gap, prosthesis, pharmacy) are also excluded.
- The gap on government approved gap-permitted prostheses items.

## In addition, HCF Extras cover does not include:

- Psychological and developmental assessments. Where psychology is included in your cover, psychology treatment is only payable when you have been referred through Medicare Australia and when the Medicare entitlements are exhausted.
- Goods and services while a hospital patient except for eligible oral surgery.
- Pharmacy items that are not on our Approved Pharmacy list eg. Items listed on the PBS, items prescribed without an illness, items that are available without a prescription, or items that are not TGA approved.
- Goods or services that had not been provided at time of claim eg. pre-payment.
- Fees for completing claim forms and/or reports.
- Goods and/or services received overseas or purchased from overseas including items sourced over the internet.
- Where no specific health condition is being treated.
- Routine health checks, screening and mass immunisations.
- More than one therapy service performed by the same provider in any one day.
- Co-payments and gaps for government funded health services e.g. the co-payment for PBS items.
- Where a provider is not in an independent private practice.
- More than one of the following therapies received on the same day (physiotherapy, chiropractic and osteopathy).

**This is not exhaustive.** Please call 13 13 34 to check what you are covered for prior to going to hospital or for treatment.

## Important notice

The information on this page is correct as at 1 November 2011. Please contact HCF on 13 13 34 prior to purchasing any HCF products to ensure that you have the latest information available.