

OVERSEAS VISITORS HEALTH COVER BROCHURE

January 2025



ENJOY AUSTRALIA WITH US

Wherever you've travelled from and no matter how long you plan to stay, we know you're going to love it here.

We realise there's lots to learn about healthcare when you move to a new country. That's why we've tried to make it easier by giving you the information you need to understand Australia's healthcare system and the cover we provide. Making you feel extra welcome is another way we show you we care.



WE PUT OUR MONEY WHERE OUR MEMBERS ARE

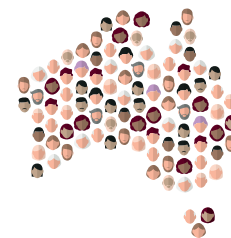
NATIONAL DOCTOR NETWORK

See a doctor (GP) in our large HCF network and if you're covered for doctor services you can get 100% back for the appointment.



AUSTRALIA'S 3RD LARGEST HEALTH INSURER

We put over 2 million members at the heart of everything we do. We have the experience and knowledge to help you manage your health while you're in Australia.



24/7 HELPLINE

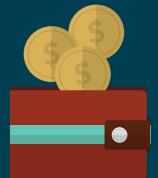
If you or your family need to find a doctor or hospital, or have questions about your health then call our 24/7 helpline on **13 68 42** then press 2.

Our friendly experts speak many different languages and are ready to assist you.



WE'LL HELP YOU PAY LESS

Our large network of private hospitals gives you greater choice and options to lower costs if you, or your loved ones, need hospital treatment.



AMBULANCE COVER IN EMERGENCIES

All covers include emergency ambulance transport to the nearest hospital across Australia (exclusions apply depending on your cover).



AUSSIE HEALTHCARE EXPLAINED

We have a great medical system in Australia and HCF is here to help you understand how to use it. Australia's system is made up of 2 levels: government-funded Medicare and the private health system, where you pay for insurance. Together they work to give Australians better health experiences.



HOW DOES MEDICARE WORK?

Medicare is our public healthcare system and provides healthcare to all Australian residents. It offers residents in-hospital treatment at public hospitals at no cost and lowers the cost of some medical treatment outside of hospitals like blood tests and X-rays. Medicare is available to eligible visitors from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia. It's worth knowing that even if you're eligible to use an RHCA, private health insurance is great for peace of mind as Medicare only covers medically necessary care. Medicare doesn't cover treatment in private hospitals, emergency ambulances or services like private dental treatment and physiotherapy. That's where HCF private health insurance comes in.

RECIPROCAL HEALTHCARE AGREEMENTS

To find out more, search for 'RHCA' on the Department of Human Services website humanservices.gov.au/medicare

HOW DOES PRIVATE HEALTHCARE WORK?

If you come from a country that doesn't have an RHCA with Australia, it's a good idea to take out private health insurance in case you need medical or hospital treatment while you're here, which could be very costly.

WHAT'S COVERED?

The private health system is made up of private health insurers like HCF, private hospitals and other health providers, like dentists and physiotherapists. HCF Overseas Visitors Health Cover can be used for:

- emergency ambulance transport
- hospital treatment
- medical treatment
- a range of extras such as physiotherapy and dental work.

The treatments and procedures you can claim for will depend on the level of insurance you choose.

For many visitors, private health insurance is a visa requirement so be sure to check this before you apply for your visa to make sure you choose the correct level of cover. You can do this through the Department of Home Affairs website homeaffairs.gov.au

WHY HCF IS RIGHT FOR YOU

HCF Overseas Visitors Health Cover (OVHC) is private health insurance for people who'll be living in Australia for a period of time on a work or visitor visa.

Some visas require you to have private health insurance while you're visiting Australia. But even if you don't have to, it's a good idea to get Overseas Visitors Health Cover so you can easily access healthcare services if you need them. This is because paying for medical treatment yourself can be very expensive.

Depending on the level of cover you choose, your HCF insurance can cover you when you're in hospital and for other services, like:

- doctor visits
- blood tests and X-rays¹
- dental treatment
- glasses and contact lenses
- physiotherapy.

All levels of HCF OVHC include emergency ambulance services. This includes emergency ambulance transport to the nearest hospital from any location except from a medical facility or a hospital. Under visa compliant cover, emergency ambulance transfer between hospitals will be covered if it's necessary, because the original admitting hospital doesn't have the required clinical facilities.

WHAT IS THE HCF NETWORK?

The HCF network is made up of participating hospitals, doctors and specialists to help you avoid additional costs for treatment and services that are included in your cover.

HCF HOSPITAL NETWORK

We have agreements with most private hospitals around Australia. You can lower your costs (apart from your excess if you have one) for treatment or services you're covered for by visiting a private hospital in our network.

If you go to a private hospital that isn't in our network, or a public hospital, you may have extra costs. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. Make sure you call our 24/7 helpline on **13 68 42** (then press 2) to find a hospital in our network. It's also important to ask the hospital what costs you're likely to have before you're treated, so you can understand what you'll have to pay.

HCF DOCTOR NETWORK

In Australia, a regular doctor (known as a General Practitioner or GP) is probably the first doctor you'll go to with any health issues you may have. HCF has a national network of GPs, to find one nearby call our 24/7 helpline on **13 68 42** (then press 2).

If you're covered for doctor services and see a GP from our network, your insurance will cover you for up to 100% of the cost. If you visit a GP that isn't part of the HCF network you might have to pay additional costs. Depending on your level of cover, for specialist and non-network doctor consultations, we will cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee.



WE'VE GOT YOU COVERED

WHAT SERVICES WILL I BE COVERED FOR IN AND OUT OF HOSPITAL?

INPATIENT SERVICES

If you're admitted to hospital, either as a day or overnight patient, you're considered an 'inpatient'. With your Overseas Visitors Health Cover you may receive benefits for accommodation, operating theatre, intensive care, doctor fees, government-approved prostheses, and PBS medicines, if they're included on your level of cover.

The types of inpatient services you'll be covered for will depend on the level of cover you choose, as well as whether you choose a hospital from our network. If you go to a private hospital in our network and use doctors (including participating surgeons and anaesthetists) who are part of our network, you'll have no or limited additional costs (apart from your excess if you have one) for covered services. But if you go to a doctor, private hospital or public hospital that isn't in our network you may have large additional costs. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. So it's important to always call our 24/7 helpline first on **13 68 42** (then press 2) to make sure you'll pay less. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

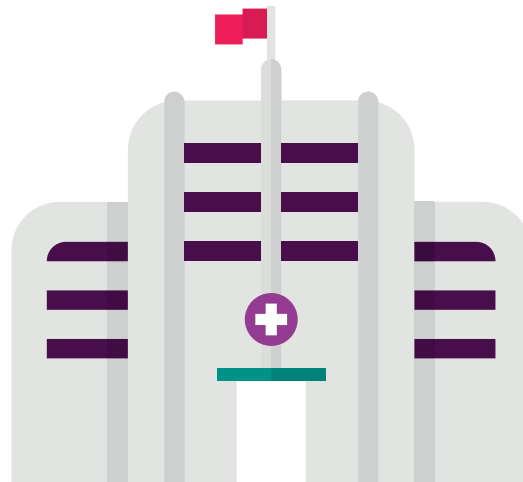
* Doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

OUTPATIENT SERVICES

If you need treatment outside of hospital or don't get admitted to hospital, you're an outpatient. The most common outpatient services are:

- having consultations with a specialist or regular doctor
- going to hospital for tests and X-rays*
- attending an outpatient clinic
- emergency department facility fees
- emergency ambulance.

The types of outpatient services you'll be covered for will depend on the level of cover you choose, as well as whether you choose a hospital or doctor from our network. Remember to always call our 24/7 helpline first on **13 68 42** (then press 2) so we can help you find the right one and pay less.



CALL US 24/7 TO HELP YOU PAY LESS

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline and we'll connect you with the right healthcare service. Our team of experts will connect you with a service in our network including:

- regular doctors (GPs)
- after hours GPs
- specialist doctors
- private hospitals
- emergency departments
- nurses who'll discuss your illness and suggest next steps*
- personal support like tax advice and legal services†.

 **13 68 42**

Call our 24/7 helpline then press 2

* Healthcare support isn't intended for life threatening or medical emergency situations. It isn't a diagnostic service and doesn't replace a consultation with a health professional.

† Members will be responsible for paying any fees charged by personal support service providers.



WORKING VISA HOSPITAL COVERS

Choose from 1 of these options if you need private health insurance to meet your visa requirements.



	VISA COMPLIANT COVER			
	BASIC	MID	TOP	TOP PLUS
Excess (per person per calendar year where applicable). Max of 2 people pay an excess in the same calendar year	\$0	\$0	\$0 or \$250 excess	\$0 or \$250 excess
Cover for pre-existing conditions (for included services and after relevant waiting period is served)	✓	✓	✓	✓
Receive a visa compliant letter	✓	✓	✓	✓
Inpatient services. When admitted to hospital the type of benefits we may pay include: accommodation, operating theatre, intensive care, government-approved Prostheses, doctors/specialists fees and PBS medicines.				
We pay benefits when the member is admitted to a public hospital	Gazetted Rates for Included Services and Minimum Benefit Services			
We pay benefits when the member is admitted to a non-participating hospital	Minimum Benefits for Included Services and Minimum Benefit Services			
We pay benefits when the member is admitted to a participating hospital	Contracted Rate for Included Services and Minimum Benefits for Minimum Benefit Services			
All services or conditions when admitted to hospital where a benefit would be payable under the Australian Government Medicare system including the services listed below (except for Excluded Services and Minimum Benefits services)	✓	✓	✓	✓
Heart surgery including diagnostic and therapeutic cardiac procedures	✓	✓	✓	✓
Hip/knee joint replacement surgery	✓	✓	✓	✓
Cataract and other lens related surgery	✓	✓	✓	✓
Spinal surgery	✓	✓	✓	✓
Dialysis for chronic renal failure	✓	✓	✓	✓
Sterilisations and reversals	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓
Palliative care	✓	✓	✓	✓
Pregnancy and birth-related services	MB	MB	MB	✓
Gastric banding and obesity surgery	MB	MB	MB	✓
Psychiatric services	MB	MB	MB	✓
Podiatric surgery (provided by an accredited podiatric surgeon)	MB	MB	MB	MB
Bone marrow and stem cell transplants	✗	✗	✗	✗
Organ transplants	✗	✗	✗	✗
Assisted reproductive services (e.g. IVF)	✗	✗	✗	✗
Elective cosmetic surgery	✗	✗	✗	✗
Doctors' and specialists fees for Included Services at any hospital and for Minimum Benefit Services at public hospitals only	100% MBS [^]			
Outpatient and additional services				
Emergency ambulance services ^{^^}	✓	✓	✓	✓
Doctor & specialist fees	✗	100% MBS [^]	100% MBS [^]	100% MBS [^]
Pathology & radiology e.g. blood tests and X-rays with MBS [^]	✗	100% MBS [^]	100% MBS [^]	100% MBS [^]
Emergency Department facility fees (per attendance when a fee is charged by the hospital)	100% only when admitted to hospital		100% when admitted. Max \$200 per visit when not admitted	
PBS medicines on script upon discharge	Unlimited. PBS listed price after PBS copayment deducted			
PBS medicines from doctors (other than discharge)	✗	✗	Annual limit of \$350 (\$100 per script after PBS copayment deducted)	Annual limit of \$500 (\$100 per script after PBS copayment deducted)
Repatriation	Up to \$50,000	Up to \$100,000	Up to \$100,000	Up to \$110,000
Return of mortal remains/funeral in Australia	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$20,000

✓ COVERED (INCLUDED SERVICE)

Covered as a private patient in a private hospital in our network.

Note: The level of benefits we pay will depend on whether you go to a hospital participating in the HCF private hospital network. Treatment received at a **public hospital** for services included in your level of cover, the benefits payable are at the Gazetted Rate. Gazetted Rates are rates determined by State or Territory health authorities and are a higher level of benefits. You may still have some out-of-pocket costs.

Treatment received at a **non-participating private hospital** for services included in your level of cover, the benefits payable are only Minimum Benefits. Minimum Benefits are a low level of benefits. **In some instances, the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

Treatment received at a **participating private hospital** for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital and you will have limited out-of-pocket costs.

Depending on your cover, you may also be required to pay additional costs for some outpatient services.

Call our 24/7 helpline on **13 68 42**, then press 2, so we can help guide you to a hospital and doctor in our network.

Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

✗ **NOT COVERED (EXCLUDED SERVICE)** No benefits payable.

MB MINIMUM BENEFIT SERVICES

The benefits payable for Minimum Benefit Services received at any private hospital (participating or non-participating) are Minimum Benefits. Minimum Benefits are a low level of benefits. In some instances, the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay, could be up to tens or hundreds of thousands of dollars. The benefits payable for Minimum Benefit Services received at a public hospital are the Gazetted Rates which are a higher level of benefits. You may still have some out-of-pocket costs.

DIAGNOSTIC SERVICES

This doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

WAITING PERIODS

No waiting period in and out of hospital, except:

	VISA COMPLIANT
Psychiatric, rehabilitation and palliative care	2 months
Obstetrics	12 months
Pre-existing conditions	12 months
Outpatient PBS scripts	2 months

A waiting period is the time you need to wait before you can claim the services you're covered for. Waiting periods of 2-12 months will apply and depend on the treatment and if your illness or condition was pre-existing.

EXCESS

An excess (either \$0 or \$250) is the amount you have agreed to pay when you go to hospital, for a day admission or an overnight stay.

PRE-EXISTING CONDITION

A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which in the opinion of a Medical Practitioner appointed by HCF, existed in the period of 6 months ending on the day on which the Policyholder is covered for Hospital Benefits or upgrades to a higher Product or Insured Group. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition; not on a diagnosis.

For a detailed list of what's covered on each level of cover go to hcfvisitorhealthcover.com and download a product summary or the OVHC Fund Rules. You can also visit a location or call us on 13 68 42.

⁺ Doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

[^] Medicare Benefits Schedule (MBS) fee is the standard set Medicare fee for your procedure. If your provider charges more than the MBS fee, you must pay the difference.

^{^^} Excludes emergency ambulance transport from a medical facility or a hospital. Excludes all non-emergency ambulance services. Under Mid, Top and Top Plus, emergency inter-hospital transfers are covered but only if the original admitting hospital doesn't have the required clinical facilities.

VISITORS VISA COVER



	NON-VISA COMPLIANT COVER		
	SHORT STAY	ESSENTIALS	ESSENTIALS PLUS
Excess (per person per calendar year where applicable). Max of 2 people pay an excess in the same calendar year	\$250	\$250	\$250
Cover for pre-existing conditions (for included services and after relevant waiting period is served)	✗	✓	✓
Receive a visa compliant letter	✗	✗	✗
Inpatient services. When admitted to hospital the type of benefits we may pay include: accommodation, operating theatre, intensive care, government-approved Protheses, doctors/specialists fees and PBS medicines.	Minimum Benefits for Included Services and Minimum Benefit Services		
We pay benefits when the member is admitted to a public hospital	Contracted Rate for Included Services and Minimum Benefit Rate for Minimum Benefit Services		
We pay benefits when the member is admitted to a non-participating hospital			
We pay benefits when the member is admitted to a participating hospital			
All services or conditions when admitted to hospital where a benefit would be payable under the Australian Government Medicare system including the services listed below (except for Excluded Services and Minimum Benefits services)	✓	✓	✓
Heart surgery including diagnostic and therapeutic cardiac procedures	MB	MB	✓
Hip/knee joint replacement surgery	✗	MB	✓
Cataract and other lens related surgery	✗	✗	MB
Spinal surgery	✗	✓	✓
Dialysis for chronic renal failure	✗	✗	✗
Sterilisations and reversals	✗	✗	✗
Rehabilitation	✓	✓	✓
Palliative care	✗	✓	✓
Pregnancy and birth-related services	✗	✗	✗
Gastric banding and obesity surgery	✗	✗	✗
Psychiatric services	✗	✗	✗
Podiatric surgery (provided by an accredited podiatric surgeon)	✗	✗	✗
Bone marrow and stem cell transplants	✗	✗	✗
Organ transplants	✗	✗	✗
Assisted reproductive services (e.g. IVF)	✗	✗	✗
Elective cosmetic surgery	✗	✗	✗
Doctors' and specialists fees for Included Services at any hospital and for Minimum Benefit Services at public hospitals only	100% MBS [^]		
Outpatient and additional services			
Emergency ambulance services ^{^^}	✓	✓	✓
Doctor & specialist fees	100% MBS [^]	100% MBS [^]	100% MBS [^]
Pathology & radiology e.g. blood tests and X-rays with MBS [^]	100% MBS [^]	100% MBS [^]	100% MBS [^]
Emergency Department facility fees (per attendance when a fee is charged by the hospital)	Max \$200 per visit when admitted and not admitted		
PBS medicines on script upon discharge	Annual limit of \$200 (\$100 per script after PBS copayment deducted)	Annual limit of \$250 (\$100 per script after PBS copayment deducted)	Annual limit of \$300 (\$100 per script after PBS copayment deducted)
PBS medicines from doctors (other than discharge)	✗	Annual limit combined with discharge medicines	Annual limit combined with discharge medicines
Repatriation	✗	✗	✗
Return of mortal remains/funeral in Australia	✗	✗	✗

✓ COVERED (INCLUDED SERVICE)

Covered as a private patient in a private hospital in our network.

Note: The level of benefits we pay will depend on whether you go to a hospital participating in the HCF private hospital network. Treatment received at either a **public or non-participating private hospital**, including if the services or conditions are listed as covered in your level of cover, are only payable at Minimum Benefits. Minimum Benefits are a low level of benefits. **In some instances, the out-of-pocket costs' can be significant, and depending on the cover chosen, treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

Treatment received at a **participating private hospital** for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital and you will have limited out-of-pocket costs.

Depending on your cover, you may also be required to pay additional costs for some outpatient services.

Call our 24/7 helpline on **13 68 42**, then press 2, so we can help guide you to a hospital and doctor in our network. **Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.**

✗ **NOT COVERED (EXCLUDED SERVICE)** No benefits payable.

MB MINIMUM BENEFIT SERVICES

The benefits payable for Minimum Benefit Services received at any private hospital (participating or non-participating) are Minimum Benefits. Minimum Benefits are a low level of benefits. In some instances, the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay, could be up to tens or hundreds of thousands of dollars. The benefits payable for Minimum Benefit Services received at a public hospital are the Gazetted Rates which are a higher level of benefits. You may still have some out-of-pocket costs.

DIAGNOSTIC SERVICES

This doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

WAITING PERIODS

No waiting period in and out of hospital, except:

	NON-VISA COMPLIANT
Psychiatric, rehabilitation and palliative care	Nil, if covered and not pre-existing condition
Obstetrics	Not covered
Pre-existing conditions	12 months, if covered
Outpatient PBS scripts	2 months

A waiting period is the time you need to wait before you can claim the services you're covered for. Waiting periods of 2-12 months will apply and depend on the treatment and if your illness or condition was pre-existing.

EXCESS

An excess (\$250) is the amount you have agreed to pay when you go to hospital, for a day admission or an overnight stay.

PRE-EXISTING CONDITION

A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which in the opinion of a Medical Practitioner appointed by HCF, existed in the period of 6 months ending on the day on which the Policyholder is covered for Hospital Benefits or upgrades to a higher Product or Insured Group. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition; not on a diagnosis.

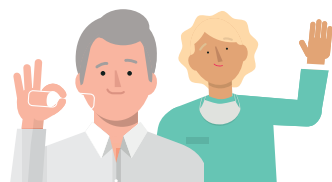
For a detailed list of what's covered on each level of cover go to hcfvisitorhealthcover.com and download a product summary or the OVHC Fund Rules. You can also visit a location or call us on 13 68 42.

^{*} Doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purpose.

[^] Medicare Benefits Schedule (MBS) fee is the standard set Medicare fee for your procedure. If your provider charges more than the MBS fee, you must pay the difference.

^{^^} Excludes emergency ambulance transport from a medical facility or a hospital. Excludes all non-emergency ambulance services.

WORKING VISA EXTRAS COVERS



Packaged with Overseas Visitors Top Hospital cover	Packaged with Overseas Visitors Top Plus Hospital cover
TOP 🦷 👁️ 🦷 🦷 🦷	TOP PLUS 🦷 👁️ 🦷 🦷 🦷 🦷

CATEGORY	SERVICE	WAITING PERIODS	Annual limits, per person, per calendar year, unless otherwise specified. HCF pays a set amount of benefits which may not cover the full charge	
			LIMITS	LIMITS
GENERAL DENTAL	Diagnostic & preventative	2 months	Max 2 check ups, 2 scale and clean and 1 fluoride treatment per person, per calendar year	Max 2 check ups, 2 scale and clean and 1 fluoride treatment per person, per calendar year
	Tooth extractions			
	Fillings - direct			
	Fillings - indirect			
MAJOR DENTAL	Oral surgery	12 months	\$600	\$1,200 (Orthodontics lifetime limit of \$2,400 for services by orthodontists and a sub-limit of \$1,200 for orthodontic services provided by other dentists other dentists)
	Periodontics			
	Endodontics			
	Veneers			
	Crowns & bridges			
	Dentures			
	Orthodontics			
	Orthodontics			
OPTICAL	Glasses & contact lenses	2 months	\$150	\$250
	Eye test			
THERAPIES	Consultations	2 months (12 months for foot orthotics)	\$350 (combined with natural therapies)	\$600
	Consultations			
	Consultations			
	Consultations			
	Consultations			
	Consultations			
NATURAL THERAPIES	Consultations	2 months (12 months for foot orthotics)	\$150 sub-limit per therapy (combined with therapies)	\$450 Max \$250 per therapy
	Consultations			

GET 100% BACK* ON POPULAR EXTRAS

On Top and Top Plus you can get 100% back* at extras providers in our network, up to your annual limits. Including:

- 🦷 Dental check-ups through our network
- 👁️ Prescription glasses from a selected range and free digital retinal imaging with your eye test in our network[^]
- 🦷 A first visit to a chiro and osteo in our network^{*}
- 🦷 A first visit to a physio in our network
- 🦷 A first visit to a podiatrist in our network, on Top Plus only.

* 100% back through our No-Gap network is available on selected covers. Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back

[^] Add-ons like lens coating and high index material aren't included.

^{*} A first visit means an initial consultation for an eligible health condition that is new or flare up where no treatment has been provided in the last 3 months.

✗ NOT COVERED (EXCLUDED SERVICE)

HCF doesn't cover some services on our extras products. There'll be no benefit payable from HCF for the following services:

- occupational therapy
- audiology
- speech pathology
- alexander technique
- hearing aids, artificial aids
- health management programs
- School Accident Benefit
- nutrition consultations
- naturopathy.

WAITING PERIODS

EXTRAS	TIME
Crowns and bridges	12 months
Dental implants	
Dentures	
Endodontics	
Veneers	
Foot orthotics	
Indirect fillings	
Occlusal therapy	
Orthodontics	
Periodontics	
Surgical extractions (oral surgery)	
Veneers	
All other extras services	2 months

JOINING HCF IS AS EASY AS 1, 2, 3

1. Call us, go online or visit a location to get a quote.
2. Choose the level of cover you need.
3. Once you've joined we'll send you a welcome email.
If you've chosen visa compliant cover it will include the letter you need for the Department of Home Affairs (we won't be able to give you this letter if you've chosen non-visa compliant cover).

The Hospitals Contribution Fund of Australia Ltd
ABN 68 000 026 746 AFSL 241 414
HCF House: 403 George Street, Sydney NSW 2000
Postal Address: GPO Box 4242, Sydney NSW 2001

hcfvisitorhealthcover.com