

OVERSEAS VISITORS SHORT STAY PRODUCT SUMMARY

Short Stay is our most affordable hospital and medical cover designed for healthy singles and couples. It covers you for unexpected health needs you may have during your stay in Australia such as doctors' fees, PBS medicines, emergency ambulance services and going to hospital in a participating private hospital for treatment included in your cover.

FEATURES



SHORT STAY

- ✓ Designed for singles and couples
- ✓ Lower out-of-pocket costs with our extensive provider network
- ✓ Participating private hospital accommodation, operating theatre and prosthesis fees
- ✓ Doctors' fees in and out of hospital
- ✓ PBS medicines required while in hospital or on discharge
- ✓ Ambulance cover in emergencies
- ✓ Emergency department fees up to \$200 per visit

IMPORTANT

This cover has significant out-of-pocket expenses at a public or non-participating private hospital.
This cover doesn't meet the visa health requirement for condition 8501.

HOSPITAL

HOSPITAL SERVICES

When you're admitted to hospital, the type of benefits we may pay includes:

- accommodation
- operating theatre
- intensive care
- doctor and specialist fees
- government-approved prostheses
- PBS medicines.

The level of benefits we pay will depend on whether you go to a hospital participating in the HCF private hospital network.

All treatment received at either public or non-participating private hospitals, including if the services or conditions are listed as covered in your level of cover, are only payable at Minimum Benefits. In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay your out-of-pocket costs could be up to tens or hundreds of thousands of dollars.

No matter which type of hospital you attend, you may need to pay for medical out-of-pocket costs for doctors' fees and X-rays.

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

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

SERVICES OR CONDITIONS COVERED

HOSPITAL SERVICES	WAITING PERIODS	IMPORTANT INFORMATION
<p>✓ All services or conditions when admitted to hospital where a benefit would be payable under the Australian Government Medicare system (except for pre-existing conditions, Excluded Services and Minimum Benefit services shown below). The following list doesn't include everything - see Overseas Visitors Health Cover Fund Rules for more complete information on your cover</p>	No waiting period unless pre-existing condition. Pre-existing condition not covered	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
<p>✓ Emergency ambulance</p>	No waiting period	Unlimited emergency ambulance transport to the nearest hospital from any location except from a medical facility or a hospital.
<p>✓ Emergency department fees</p>	No waiting period	Maximum fee per service
<p>MB Heart surgery, including diagnostic and therapeutic heart procedures</p>	No waiting period unless pre-existing condition. Pre-existing condition not covered	MB Minimum Benefits will not cover the full cost of your treatment – see further information below
<p>✗ Pre-existing conditions</p>		
<p>✗ Pregnancy and birth-related services</p>		
<p>✗ Assisted reproductive services, for example, IVF</p>		
<p>✗ Cataract and other lens related surgeries</p>		
<p>✗ Sterilisations and reversals</p>		
<p>✗ Renal dialysis</p>		
<p>✗ Gastric banding and obesity surgery</p>		
<p>✗ Hip/knee joint replacement surgery</p>		
<p>✗ Spinal surgery</p>		
<p>✗ Bone marrow and stem cell transplants</p>		
<p>✗ Organ transplants</p>		
<p>✗ Elective cosmetic surgery</p>		
<p>✗ Palliative care</p>		
<p>✗ Psychiatric services</p>		
<p>✗ PBS medicines prescribed by a doctor that don't relate to your hospital treatment</p>		
<p>✗ Podiatric surgery (provided by an accredited podiatric surgeon)</p>		

✓ Covered (Included Service) at participating private hospitals. Minimum Benefits are payable at public and non-participating private hospitals (see definition below).

MB Minimum Benefits will be payable if treatment is received at any hospital. See definition below.

✗ Not covered (Excluded Service).

Minimum Benefits means benefits are only payable at the Minimum Benefit rate (an amount set by the Federal Government) for both HCF participating and non-participating private hospitals and public hospitals, and for surgically implanted prostheses on the Australian Government approved Prostheses List. These benefits won't cover all of your hospital costs and there could be significant out-of-pocket costs (money you have to pay).

IN-HOSPITAL MEDICAL SERVICES

Depending on how each of your doctors (including surgeons and anaesthetists) decide to bill you for their services when you're admitted to hospital, we'll cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee. If your doctor participates in HCF's No Gap or Known Gap arrangement, you'll either have nothing to pay or a limited 'gap' to pay. For more info see the Frequently Asked Questions (FAQs) at hcfvisitorhealthcover.com

MEDICINE

For PBS Medicines that are charged by the non-participating hospital or the public hospital to the member, the benefit payable will be 100% of the PBS listed price for that Medicine minus the current PBS general patient co-payment. The PBS patient co-payment fee is an out-of-pocket cost you are required to pay towards the cost of PBS medicine before we will calculate your benefit. The patient co-payment fee is determined by the Department of Health and is subject to change.

If you go to a participating private hospital, you won't have to pay the PBS patient co-payment fee.

OUT-OF-HOSPITAL MEDICAL SERVICES

EMERGENCY DEPARTMENT FEES

A maximum of \$200 per visit for emergency department fees including administration fees (when a charge is raised by the hospital).

Note: In hospital outpatient clinics (not Emergency Departments) benefits are only payable for medical fees where the service would be eligible for an MBS benefit if provided to an Australian resident. No other fees or charges are payable for outpatient clinics.

DOCTORS AND SPECIALIST DOCTORS' SERVICES

You're covered for doctors' services for items listed on the Australian Government Medicare Benefits Schedule (MBS) and where the service would be eligible for an MBS benefit if provided to an Australian resident:

- For regular doctor visits, you'll get back 100% when you see a doctor through our GP Network.
- For specialist and non-network doctor consultations, we'll cover you for 100% of the MBS fee.
- For pathology and radiology, we'll cover you for 100% of the MBS fee for services such as blood tests, scans and X-rays*.

MEDICINE

You're covered for medicines listed on the Australian Government approved pharmacy list (PBS):

- Medicines given to you when you leave hospital (discharged) if they are part of your ongoing treatment. We'll cover you up to a maximum of \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- The yearly limit for discharge medicines claimable per person is \$200.

AMBULANCE

Emergency transportation to the nearest hospital able to provide the treatment required from any location except from a medical facility or a hospital, or for on-the-spot treatment.

OTHER THINGS YOU SHOULD KNOW

EXCESS

An excess is an amount of money you agree to pay when you go to hospital. On Short Stay, you have \$250 per person excess per calendar year when hospitalised.

WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you. You'll be covered immediately for all of your services, unless you have a pre-existing condition. Pre-existing conditions are not covered after any amount of time.



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[^].

 **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.

* This doesn't include costs 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 purposes.

WHAT'S NOT COVERED

HOSPITAL	MEDICAL IN & OUT OF HOSPITAL	OTHER
Out-of-pocket costs if you go to non-participating hospitals or if treated at a public hospital. This includes if the hospital decides to charge more than the Minimum Benefit	Out-of-pocket costs if you go to a non-network doctor or your specialist charges more than the MBS fee	Treatment received outside Australia
Hospital costs unless you're admitted to hospital, except emergency department fees	Medicines provided on a script from a GP, specialist or emergency department	Any costs if compensation, damages or benefits are payable by a third party. For example, workers compensation or motor vehicle accident
Any costs if you become classified as a nursing home type patient	Non-PBS medicines including high cost and experimental drugs	Any service that is deemed a pre-existing condition
Personal convenience, luxury room and take home items	Co-payments on PBS medicines	Out-of-pocket costs for extras goods and services such as dental, optical, physiotherapy, or alternate therapies
The gap on government-approved prostheses	Out-of-pocket costs, when your doctor/s charge more than the MBS fee and when any charges are not covered by our no-gap arrangement	For any service that has a waiting period until that time has been served except Pre-Existing Conditions which are not covered after any amount of time
Any excess on your policy	Non-emergency ambulance or transfers between hospitals	
Any service that is excluded on your policy	Medical services that are part of any service that is excluded on your policy	
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	
	Medicines prescribed by doctors or emergency department as an outpatient and not part of a hospital admission	
	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 purposes	
	Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service for which Medicare pays no benefit	
	Outpatient medical services provided by an allied health provider (e.g. optometrist, physiotherapist, dentist and psychologist)	

Easy ways to contact us



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13 68 42

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