

FIT & FREE SILVER PLUS PRODUCT SUMMARY

Comprehensive hospital and extras package designed for healthy and active singles and couples without dependent kids.

FEATURES



BE REWARDED WITH A GREAT RANGE OF **EXCLUSIVE OFFERS** through HCF Thank You





HOSPITAL INCLUDES:

- Flexible excess options choose from a Nil or \$250 excess
- A high level of cover for heart surgery, back, neck and spine treatments, digestive system procedures and more
- Accident-related treatment after joining for services included in your cover
- **Ambulance cover in emergencies**

EXTRAS INCLUDES:

- Cover for a range of services including general and major dental, optical, physio and other therapies
- **HCF-approved pharmacy benefit**
- A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions

GET 100% BACK ON POPULAR EXTRAS**

You can get 100% back at extras providers in our No-Gap network, depending on your cover and annual limits**. Including:

- ✓ 2 dental check-ups a year
- a pair of prescription glasses from a selected range[^] and you'll also get free digital retinal imaging with your eye test
- a first visit to a physio, chiro and osteo⁺.
- a first visit to a podiatrist*.
- " For up to 6 months. Other conditions and waiting periods apply. See hcf.com.au/unemployment-assistance"
 " Waiting periods and annual limits apply. Providers are subject to change. We recommend that you confirm the provider prior to booking your appointment. See hcf.com.au/100back Excludes add-ons such as high index material coatings and tinting.

 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.
- last 3 months.



FIT & FREE SILVER PLUS

KEY FEATURES	
Excess options (per person per calendar year)	Nil and \$250
No excess for Accident-related treatment (for services included in your cover)	✓
Available without extras cover	No
Travel and accommodation benefit	✓

THIS POLICY INCLUDES COVER FOR:

Accident-related treatment after joining (for services included in your cover. Restricted cover paid at Minimum Benefits)

Emergency ambulance

Non-emergency ambulance (up to \$5,000)

Rehabilitation

Palliative care

Brain and nervous system e.g. stroke, brain or spinal cord tumours

Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye

Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer

 $\textbf{Tonsils, adenoids and grommets} \ e.g. \ hospital \ treatment \ of the \ tonsils, adenoids \ and \ insertion \ or \ removal \ of \ grommets$

Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer

Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments

Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence

Male reproductive system e.g. male sterilisation, circumcision and prostate cancer

 $\label{eq:Digestive system} \textbf{Digestive system} \ \text{e.g.} \ \text{oesophageal cancer, irritable bowel syndrome, gall stones} \ \text{and haemorrhoids}$

Hernia and appendix e.g. hernia operations and appendicitis

Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy

Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer

Miscarriage and termination of pregnancy

Chemotherapy, radiotherapy and immunotherapy for cancer

Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block

 $\textbf{Skin} \ \text{e.g. surgery to remove melanoma, minor wound repair and abscesses}$

Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia

Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections

Heart and vascular system e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls

Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest

Blood e.g. blood clotting disorders and bone marrow transplants

Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis

Plastic and reconstructive surgery (medically necessary)

Dental surgery* e.g. surgery to remove wisdom teeth and dental implant surgery

Podiatric surgery (provided by a registered podiatric surgeon) $^{\infty}$

Implantation of hearing devices

Cataracts

Joint replacements

Dialysis for chronic kidney failure

Insulin pumps 0

THIS POLICY INCLUDES COVER FOR (CONT.):

Pain management with device e.g. treatment of nerve pain, back pain and pain caused by coronary heart disease with a device

Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:

Hospital psychiatric services

THIS POLICY DOES NOT INCLUDE COVER FOR:

Pregnancy and birth

Assisted reproductive services

Weight loss surgery

Elective cosmetic surgery

This product includes cover for accommodation, operating theatre, intensive care, Government approved Prostheses, pharmaceuticals (excluding experimental and high cost non-PBS drugs) as part of your covered admission at an HCF participating hospital.

EXCESS

An excess is a non-refundable amount of money a member agrees to pay towards the cost of services before benefits are payable when admitted to hospital. If hospitalised, the total excess amount of your cover will apply once per person per calendar year.

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on **privatehealth.gov.au** for which hospitals have arrangements with your insurer.

PREGNANCY AND BIRTH

To be covered for pregnancy and birth in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes pregnancy and birth 12 months before the date of birth of your child to minimise your out-of-pocket expenses. If you're expecting, make sure you transfer to a family membership within 2 months of the birth of your child to ensure your baby is covered.

RESTRICTED COVER

For these services, only Minimum Benefits are payable which 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 out-of-pocket expenses.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services. Always check with us to see if you're covered before going to hospital.

- When you travel at least 200km round trip. Other terms and conditions apply.

 Go to **hcf.com.au/travel-accommodation** to find out more.

 Members must hold eligible extras cover if they want to claim benefits for eligible
- Members must hold eligible extras cover if they want to claim benefits for eligible dental services performed in a hospital.
- Covered in a participating private hospital for accommodation and the cost of prosthesis (as listed on the Prosthesis List). No benefit is payable for podiatric surgeon fees. Ensure you have Informed Financial Consent prior to your treatment, for any out-of-pocket expenses.
- Includes associated speech and sound processors including upgrades.
- 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

FIT & FREE SILVER PLUS EXTRAS

TREATMENTS COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
甘	Glasses and contact lenses	Spectacle frames			\$250
OPTICAL		Spectacle lenses - pair	100% of fee up to annual limit	2 months	
		Contact lenses - pair	ariridar iliriit		
	Diagnostic and preventative	Examinations	\$32-\$88		2 services/1 service
<u>.</u> .		Removal of plaque/calculus	\$38-\$69		2 services
GENERAI DENTAL		Application of fluoride	\$27		1 service
		Single film X-rays (service limits apply)	\$25	2 months	Limits apply
<u>ت</u> ص	Simple fillings	Direct fillings	\$80-\$174		\$550
	Tooth extractions	Simple extractions	\$112-\$151		\$500
	Oral surgery	Surgical extractions	\$180-\$280		
<u>ا</u> ي	Occlusal therapy	Treatment to improve bite	\$35-\$250		
MAJOR DENTAL	Periodontics	Treatment of tissue surrounding teeth	\$25-\$260	12 months	
	Endodontics	Treatment of root canals	\$49-\$264		
	Crowns and bridges	Placing of crowns and bridges	\$50-\$635		\$800
THERAPIES	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan is used up) includes group consultations	\$23/\$75	2 months	\$300
		Psychology (when member does not have unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations	\$16/\$44		
		HCF-approved counselling & accredited mental health social worker includes group consultations	\$13/\$36		
		HCF-approved Online Cognitive Behavioural Therapy courses	\$35 - \$59		
	Allied health First visit/subsequent	Physiotherapy	\$45/\$40	2 months (12 months for foot orthotics and minor podiatric procedures)	\$600
		Exercise physiology (see Health Management Programs for classes)	\$32/\$30		
		Chiropractic	\$40/\$35		
		Osteopathy	\$40/\$35		
		Occupational therapy consultation	\$62/\$40		
		Dietetics	\$50/\$35		\$300 Max \$200 for Foot Orthotics
		Podiatry consultation (including 1 pair of foot orthotics per person per year)	\$38/\$34		
		Audiology	\$52/\$35		
		Speech pathology	\$60/\$40		
	Natural therapies	Remedial massage and myotherapy	\$27/\$20		\$300
	First visit/subsequent	Acupuncture and Chinese herbal medicine consultation	\$27/\$20		
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	IIn to \$50 per seriat		\$ F00
Ę,	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more	Up to \$50 per script	2 months \$200 per single/	UUC4
OTHER	Health Management Programs	HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management	Up to \$200		\$200 per single/ \$400 per couples policy

TREATMENTS NOT COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION
JOR TA	Dentures	Dentures and/or components
MA	Orthodontics	Orthodontics - orthodontist/other dentist
THERAPIES	Orthoptic therapy	Eye therapy
THER	Orthotist/Prosthetist and Pedorthist	Consultation
	Travel & accommodation	200km round trip for a consulting medical specialist
OTHER	Artificial aids	HCF-approved (e.g. low vision aids, blood glucose monitors orthoses)
	Hearing aids	Benefits accrue over time and renew every 3 years
	School Accident Benefit	Helps pay out-of-pocket expenses for extras in your cover. See hcf.com.au/school-accident

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

HOSPITAL AN	HOSPITAL AND EXTRAS WAITING PERIODS				
1 DAY	Emergency ambulance.				
2 MONTHS	Hospital psychiatric services, rehabilitation, palliative care and non-emergency ambulance. Members who have held a hospital cover for at least 2 months and upgrade to receive hospital psychiatric services as covered services may not be required to serve the waiting period for hospital psychiatric services. This exemption can only be accessed once in a member's lifetime.				
12 MONTHS	Pregnancy and birth. Pre-Existing Conditions (excluding hospital psychiatric services, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics, minor podiatric procedures and hearing aids.				
2 MONTHS	All other hospital and extras services, including Accident-related treatment.				

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you, including for example:

- · claims for services by providers not recognised by HCF, and that do not meet HCF's criteria as set out in the Fund Rules
- treatment for Pre-Existing Conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12 month waiting period
- experimental, high cost non-PBS drugs and TGA-approved drugs used for a purpose other than that for which they were approved
- claims made 2 years or more after the date of service
- more than 1 therapy service performed by the same provider in any 1 day.

Please refer to the HCF Member Guide or Fund Rules for a comprehensive list of exclusions.

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules, or call **13 13 34** to check what you're covered for before receiving treatment.