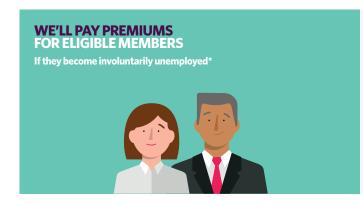


HCF ACCIDENT ONLY BASIC PRODUCT SUMMARY

Accident only cover provides peace of mind in case you have an accident.

FEATURES



BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS

through HCF Thank You



HOSPITAL INCLUDES:

- √ \$750 excess
- ✓ Accident-related treatment
- ✓ Ambulance cover in emergencies

HCF ACCIDENT ONLY BASIC

EXCESS

\$750 excess per person per calendar year Your excess will be payable for any covered hospital admission

THIS POLICY INCLUDES COVER FOR:

Emergency ambulance

Accident-related treatment after joining

THIS POLICY INCLUDES RESTRICTED COVER FOR:

Rehabilitation

Hospital psychiatric services

Palliative care

THIS POLICY DOES NOT INCLUDE COVER FOR:

Brain and nervous system

Eye (not cataracts)

Ear, nose and throat

Tonsils, adenoids and grommets

Bone, joint and muscle

Joint reconstructions

Kidney and bladder

Male reproductive system

Digestive system

Hernia and appendix

Gastrointestinal endoscopy

Gynaecology

Miscarriage and termination of pregnancy

Chemotherapy, radiotherapy and immunotherapy for cancer

Pain management

Skin

Breast surgery (medically necessary)

Diabetes management (excluding insulin pumps)

Heart and vascular system

Lung and chest

Blood

Back, neck and spine

Plastic and reconstructive surgery (medically necessary)

Dental surgery

Podiatric surgery (provided by a registered podiatric surgeon)

Implantation of hearing devices

Cataracts

Joint replacements

Dialysis for chronic kidney failure

Pregnancy and birth

Assisted reproductive services

Weight loss surgery

Insulin pumps#

Pain management with device

Sleep studies

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.

For accidents: apart from Restricted Cover for rehabilitation, psychiatric services and palliative care, Accident Only Basic will cover treatment resulting from an accident when you have been admitted to hospital via the accident and emergency department within 24 hours of the accident. Cover is limited to immediate treatment and follow-up treatment after discharge is not covered.

ACCIDENT

Accident means an unforeseen event, occurring by chance and caused by an external force or object, which results in involuntary injury to the body requiring immediate treatment from a registered medical practitioner. This definition excludes unforseen conditions attributable to medical causes.

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, unless resulting from an Accident under the terms of this cover. Always check with us to see if you're covered before going to hospital.

- Includes associated speech and sound processors including upgrades.
- # Certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes

THINGS YOU NEED TO KNOW

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

HOSPITAL WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. 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).
2 MONTHS	All other hospital 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.

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.