






HCF HOSPITAL BRONZE PLUS PRODUCT SUMMARY

Hospital cover designed for the healthy and budget conscious.

FEATURES

<p>ACCIDENT SAFEGUARD</p> <p>Receive the benefits of our top level of hospital cover for 90 days if you're in an accident[∞]</p> 	<p>NO EXCESS FOR KIDS AGED UNDER 25 OR FOR ACCIDENT RELATED TREATMENT</p> 	<p>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY[*]</p> 	<p>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</p> <p>if they become involuntarily unemployed[^]</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 
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HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess
- ✓ Cover for digestive system procedures, bone, joint and muscle procedures and more
- ✓ Ambulance cover in emergencies



[∞] To be eligible, must attend a hospital emergency department within 24 hrs. Top hospital coverage applies for up to 90 days of the Accident. Other conditions apply. See hcf.com.au/accident-safeguard
^{*} When you travel at least 200km round trip. Other terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more
[^] For up to 6 months. Other conditions and waiting periods apply. See hcf.com.au/unemployment-assistance

HCF HOSPITAL BRONZE PLUS

KEY FEATURES	
Excess options (per person per calendar year)	\$250, \$500 or \$750
No excess for kids aged under 25	✓
No excess for Accident-related treatment	✓
Travel and accommodation benefit*	✓
Available without extras cover	Yes

THIS POLICY INCLUDES COVER FOR:

Emergency ambulance
Accident Safeguard - Services Not Included or Restricted Services listed in this table will be treated as Covered Services in the event of an Accident that occurs after joining. Does not include podiatric surgery by a registered podiatric surgeon. Conditions apply. See hcf.com.au/accident-safeguard
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
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
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones 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
Skin 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 gynaecomastia
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections
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
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma
Dental surgery* e.g. surgery to remove wisdom teeth and dental implant surgery
Podiatric surgery (provided by a registered podiatric surgeon) [∞]
Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:

Rehabilitation
Hospital psychiatric services

THIS POLICY DOES NOT INCLUDE COVER FOR:

Heart and vascular system
Back, neck and spine
Implantation of hearing devices

THIS POLICY DOES NOT INCLUDE COVER FOR (CONT.):

Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Insulin pumps
Pain management with device
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, except in the case of Accident Safeguard. Always check with us to see if you're covered before going to hospital.

* Members must hold eligible extras cover if they want to claim benefits for eligible dental services performed in a hospital.

∞ Limited benefits apply. Minimum Benefit level payable by HCF for Hospital accommodation as determined under the Private Health Insurance Act 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.

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 (for services included in your cover).

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.

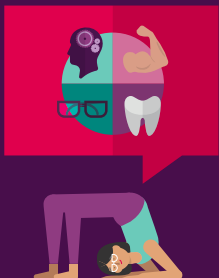



Note:

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.

HCF FLEX MY EXTRAS PRODUCT SUMMARY

Extras cover with a flexible single limit plus additional limits for optical and remedial massage. Available only for singles and couples who want general dental, optical, physio and other therapies.

FEATURES

<p>FLEXIBLE LIMIT</p> <p>Flexible \$650 single limit plus \$175 optical and \$100 remedial massage limit</p> 	<p>GAP BONUS TOP UP</p> <p>Reduce or eliminate out-of-pocket costs*</p> 	<p>ONLINE MENTAL HEALTH COURSES</p> <p>Take charge of your mental wellbeing with online support programs</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 
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INCLUDES

- ✓ 60% benefit back up to the annual limit
- ✓ Flexible \$650 single limit plus \$175 for optical and \$100 for remedial massage and myotherapy
- ✓ 100% back[^] on 1 dental check-up a year per person through our No-Gap network
- ✓ Gap Bonus top up*
- ✓ Teeth whitening[#]
- ✓ HCF-approved Online Cognitive Behavioural Therapy courses
- ✓ HCF-approved vaccinations

100% BACK ON DENTAL

Get 100% back[^] on 1 dental check-up, scale and clean and fluoride treatment a year, through our No-Gap network.



* Each member listed on the policy has their own Gap Bonus entitlement. Gap Bonus is non-transferable between members and is only available for singles and couples. Gap Bonus kicks in after 12 months on your Flex My Extras cover. Gap Bonus must be used during the calendar year in which it is granted (\$50 in year 2, \$75 in year 3, \$100 in year 4 and each year after that). Gap Bonus can be used on any covered extras service. Unused Gap Bonus cannot be rolled over into the following calendar year.

[#] Limit of one take home kit or in-chair treatment (max 8 teeth/session) applies every 36 months.

[^] 100% back from providers in our No-Gap network. 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

HCF FLEX MY EXTRAS

TREATMENTS COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL OR SERVICE LIMIT PER PERSON, PER CALENDAR YEAR
OPTICAL	Glasses and contact lenses	Spectacle frames	60%*	2 months	\$175
		Spectacle lenses – pair			
		Contact lenses – pair			
GENERAL DENTAL	Diagnostic and preventative	Examinations	60%* (100% back from providers in our No-Gap network)	2 months	No annual limit Max 1 check up, 1 scale and clean and 1 fluoride
		Removal of plaque/calculus			
		Application of fluoride			
		Single film X-rays (service limits apply)			
	Simple fillings	Direct fillings (1 to 2 surfaces)	60%*	2 months	\$650 combined limit (Teeth whitening has a service limit of an in-chair treatment – max 8 teeth/session – or one take home kit; applies every 36 months.)
Tooth extractions	Simple extractions	12 months			
	Teeth whitening (provided by a dentist)			In-chair treatment (service limits apply)	
		Home application (service limits apply)			
THERAPIES	Allied health First visit/subsequent	Dietetics	60%*	2 months	
		Physiotherapy			
		Exercise physiology			
	Mental health services Group/individual	HCF-approved Online Cognitive Behavioural Therapy			With combined \$650 limit
Natural therapies First visit/subsequent	Remedial Massage and Myotherapy				
	Acupuncture and Chinese herbal medicine consultation				
OTHER	Vaccines	HCF-approved e.g. Boostrix, Shingrix, Vivaxim and more			No annual limit
	Emergency ambulance (State govt. services)	NSW and ACT	100%	1 day	1 service per person Max 2 services per policy
VIC, WA, NT, and SA					

* 60% benefit back up to the annual limit.

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY	DESCRIPTION
MAJOR DENTAL	Direct fillings (3 surfaces or more), indirect fillings, oral surgery, occlusal therapy, periodontics, endodontics, crowns and bridges, dentures and orthodontics.
THERAPIES	Chiropractic, osteopathy, occupational therapy, all psychology services, HCF-approved counselling and accredited mental health social worker, podiatry (including foot orthotics), orthotist/prosthetist and pedorthist, audiology, speech pathology and orthoptic therapy.
OTHER	HCF-approved pharmacy, travel and accommodation, artificial aids, hearing aids, health management programs and school accident benefit.

HCF THANK YOU LOYALTY REWARDS

You don't have to be unwell to get great value from your cover with our range of exclusive loyalty offers and rewards. We can help you save money on essentials like groceries or on well-deserved treats and experiences[^].

 hcf.com.au/thankyou

[^] Eligibility criteria applies. You can access HCF Thank You offers after you've been a member for a week, and if your premiums are up to date.



THINGS YOU NEED TO KNOW

Gap Bonus helps reduce or eliminate out-of-pocket costs for included extras by topping up the benefit we pay on services included in your Flex My Extras cover. Gap Bonus kicks in after 12 months on your Flex My Extras cover and increases each year of continuous cover up to year 4*.

GAP BONUS	
YEARS OF COVER	GAP BONUS AMOUNTS
Year 1	N/A
Year 2	\$50
Calendar Year 3	\$75
Calendar Year 4 or more	\$100

* Each member listed on the policy has their own Gap Bonus entitlement. Gap Bonus is non-transferable between members and is only available for singles and couples. Gap Bonus must be used during the calendar year in which it is granted (\$50 in year 2, \$75 in year 3, \$100 in year 4 and each year after that). Unused Gap Bonus cannot be rolled over into the following calendar year.

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

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance.
12 MONTHS	Teeth whitening (provided by a dentist).
2 MONTHS	Optical - Glasses and contact lenses, General dental - Diagnostic and preventative, Simple fillings, Tooth extractions, Dietetics, HCF-approved Online Cognitive Behavioural Therapy courses, Physiotherapy, Exercise physiology, Remedial Massage, Myotherapy, Acupuncture and Chinese herbal medicine consultation and HCF-approved vaccines.

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
- 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.