






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 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 treatments, bone, joint and muscle treatments 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	✓
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

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
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices [^]
Cataracts

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

[^] 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.

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 HCF Hospital Gold 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.

HCF STARTER EXTRAS PRODUCT SUMMARY

Cost effective, entry-level extras cover that's competitively priced.

FEATURES

**100% BACK
ON SELECTED EXTRAS***



**BE REWARDED WITH
A GREAT RANGE OF EXCLUSIVE
OFFERS**

through HCF Thank You



EXTRAS INCLUDES:

- ✓ Basic cover for general dental, physio, chiro and some natural therapies
- ✓ Claim up to \$500 per person (\$1,000 per policy) each calendar year

GET 100% BACK ON:*

Through *More for Teeth* providers:

- ✓ 1 dental check-up
- ✓ 1 scale and clean
- ✓ 1 fluoride treatment



* At participating providers, subject to your cover and annual limits. Exclusions apply. To find out more, visit hcf.com.au/100back



HCF STARTER EXTRAS

TREATMENTS COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
GENERAL DENTAL	Diagnostic and preventative	Examinations (max 1 service per year)	\$29-\$60	2 months	\$350 per person Max \$700 per policy
		Removal of plaque/calculus (max 1 service per year)	\$36-\$55		
		Application of fluoride (max 1 service per year)	\$25		
		Single film X-rays (service limits apply)	\$24		
	Simple fillings	Direct fillings (1-2 surfaces)	\$66-\$86		
	Tooth extractions	Simple extractions	\$78-\$88		
THERAPIES	Initial/subsequent	Physiotherapy	\$40/\$35	2 months	\$150 per person Max \$300 per policy
		Chiropractic	\$33/\$25		
		Osteopathy	\$40/\$30		
		Remedial massage and myotherapy	\$30/\$25		
		Acupuncture and Chinese herbal medicine consultation	\$30/\$25		
OTHER	Emergency ambulance (State govt. services)	NSW and ACT	N/A	1 day	No annual limit
		VIC, WA, NT, and SA	N/A		1 per person Max 2 per policy

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION
OPTICAL	Glasses and contact lenses	Spectacle frames
		Spectacle lenses - pair
		Contact lenses - pair
GENERAL AND MAJOR DENTAL	Fillings - direct	Direct fillings (3 surfaces or more)
	Complex fillings	Indirect fillings
	Oral surgery	Surgical extractions
		Occlusal therapy
	Periodontics	Treatment of tissue surrounding teeth
	Endodontics	Treatment of root canals
	Crowns and bridges	Placing of crowns and bridges
	Dentures	Dentures and components (partial and complete)
Orthodontics	Orthodontics - orthodontist/other dentist	
THERAPIES	Initial/subsequent	Exercise physiology (see Health Management Programs for groups and classes)
		Occupational therapy
		Psychology (after medicare entitlement exhausted)
		Podiatry (including foot orthotics)
		Audiology
		Speech pathology
	Dietetics	
Orthoptic therapy	Eye therapy	
OTHER	HCF-approved pharmacy	After PBS equivalent co-payment subtracted
	HCF-approved vaccines and immunisations	After PBS equivalent co-payment subtracted
	Travel and accommodation	200km round trip for a consulting medical specialist and/or hospital admission
	Artificial aids	HCF-approved (e.g. low vision aids, blood glucose monitors)
	Hearing aids	Benefits accrue over time and renew every 3 years
	Health Management Programs	HCF-approved including antenatal/postnatal services
	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:

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance.
12 MONTHS	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics and hearing aids.
2 MONTHS	All other extras services.

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
- 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.