

HCF HOSPITAL OPTIMAL GOLD PRODUCT SUMMARY

Our highest level of hospital cover, combined with your choice of extras, for peace of mind.

FEATURES

<p>HEALTH PROGRAMS TO SUPPORT YOUR FAMILY</p> <p>Access a range of resources to help you keep your health and your family's health in check.</p> 	<p>NO EXCESS FOR KIDS AGED UNDER 25 OR ACCIDENT-RELATED TREATMENT</p> 	<p>HOSPITAL COVER FOR PREGNANCY AND BIRTH</p> 	<p>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY*</p> 
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INCLUDES

- ✓ \$750 excess
- ✓ Pregnancy, birth and assisted reproductive services
- ✓ Ambulance cover in emergencies*

* When you travel at least a 200km round trip. Other terms and conditions apply. See [hcf.com.au/travel-accommodation](https://www.hcf.com.au/travel-accommodation)

* Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

HCF HOSPITAL OPTIMAL GOLD

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

THIS POLICY INCLUDES COVER FOR:	
Emergency ambulance**	
Rehabilitation	
Hospital psychiatric services	
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	
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) 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 Things like operating theatre and hospital accommodation fees. Members must hold eligible extras cover to claim dentist or dental surgeon fees.	
Podiatric surgery (provided by a registered podiatric surgeon - Limited Benefits)^	
Implantation of hearing devices*	
Cataracts	
Joint replacements	
Dialysis for chronic kidney failure	
Pregnancy and birth	

THIS POLICY INCLUDES COVER FOR (CONT.):	
Assisted reproductive services	
Weight loss surgery	
Insulin pumps †	
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 DOES NOT INCLUDE COVER FOR:	
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.

DENTAL SURGERY

Unlike other services, in-patient dental surgery can be claimed under both your hospital cover (for things like accommodation and operating theatre fees) as well as under your extras cover (your dental surgeon's bill). You must hold eligible extras cover if you want to claim benefits for dentist or dental surgeon's fees for surgery performed in a hospital. Depending on your annual limit, you may still experience out-of-pocket costs, however these costs will be higher if you do not hold eligible extras cover.

EXCESS

An excess is a non-refundable amount of money you agree to pay towards the cost of your hospital treatment before we pay benefits to you.

When you take out hospital cover, you'll select an excess amount. Your choice of excess will affect the cost of your premiums. The higher your excess is, the lower your premiums will be. If you reduce the excess amount on your policy or you move to another policy where the excess amount is lower, you will have to pay the old excess during the waiting period for the treatment.

You only need to pay one excess per person per calendar year if you claim on your hospital cover. Subsequent hospital claims in the same calendar year won't incur another excess payment.

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.

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 a 200km round trip. Other terms and conditions apply. See hcf.com.au/travel-accommodation

^ 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 Prescribed List of Medical Devices and Human Tissue Products). 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.

** Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

† Cover for insulin pumps is subject to conditions set out in the Private Health Insurance Act.

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.

INVOLUNTARY UNEMPLOYMENT ASSISTANCE

Losing your job can be an incredibly stressful experience and you might be wondering how you're going to make ends meet. We're here for you, and we'll do what we can to help you with your health cover. If you're eligible*, we'll cover the cost of your health cover for up to 6 months.

* Must have hospital cover for at least 12 months, aren't listed as a dependent and applied within 3 months of becoming unemployed. Excludes extras only, Ambulance Only and Overseas Visitors Health Cover. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance



HCF CHOOSE MY EXTRAS PRODUCT SUMMARY

Our most flexible extras cover. Select and swap* your extras services as your needs change, so you only pay for what you intend to use.

FEATURES

<p>FLEXIBILITY TO CHOOSE 4 SERVICES*</p>	<p>SWAP* UNUSED SELECTED SERVICES IF YOUR NEEDS CHANGE</p>	<p>100% BACK^ ON SELECTED EXTRAS</p>	<p>LOYALTY LIMITS INCREASE THE LONGER YOU'RE WITH US+</p>
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INCLUDES

- ✓ 60% benefit back up to the annual limit
- ✓ Be rewarded with a great range of exclusive offers through HCF Thank You**
- ✓ HCF-approved Online Cognitive Behavioural Therapy courses
- ✓ If you're claiming as a result of an accident, Accident Benefit provides you with additional limits for your claimable services once your current annual limit is used up**.

GET 100% BACK^ ON SELECTED EXTRAS

You can get 100% back^ at extras providers in our No-Gap network, depending on your choice of services and annual limits. This may include:

- ✓ 1 dental check-up a year
- ✓ a pair of prescription glasses from a selected range# plus free digital retinal imaging with your eye test
- ✓ a first visit^^ to a physio, chiro, osteo or podiatrist.

* 100% back through our No-Gap network is available on selected covers.

Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back.

Available at any participating optical provider. 100% back for prescription glasses and sunglasses excludes add-ons like 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.



* The policyholder can swap out a service at any time provided that no one on the policy has claimed on that service during the calendar year.

* Annual limits increase on some services in year 2 and 3. See extras table for details.

** \$200 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident provided you make the first extras claim within 6 months of the accident.

** Eligibility criteria apply. You can access HCF Thank You offers after you've been a member for a week, and if your premiums are up to date. Excludes Ambulance Only and Overseas Visitors Health Cover. Offers and partners are subject to change without advance notice. See the HCF Thank You Terms available at hcf.com.au.

HCF CHOOSE MY EXTRAS

AVAILABLE TREATMENTS - CHOOSE 4 FROM THE LIST BELOW

SERVICE CATEGORY	DESCRIPTION	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)	WAITING PERIOD	INDICATIVE BENEFIT AMOUNT
OPTICAL				
Glasses and contact lenses	Spectacle frames	\$225	2 months	
	Spectacle lenses - pair			
	Contact lenses - pair			
GENERAL DENTAL				
Diagnostic and preventative	Examinations (max 1 service per year)	No annual limit (service limits apply)	2 months	
	Removal of plaque/calculus (max 1 service per year)			
	Application of fluoride (max 1 service per year)			
	Single film X-rays (service limits apply)			
Simple fillings	Direct fillings	Year 1 \$350 Year 2 \$400 Year 3+ \$450	12 months (from when this service is selected on your policy)	
Tooth extractions	Simple extractions			
Teeth whitening provided by a dentist	In chair (service limits apply)			
	Home application (service limits apply)	(Teeth whitening has a service limit of an in-chair treatment - max 8 teeth/session - or one take home kit; applies every 36 months)		
MAJOR DENTAL				
Oral surgery	Surgical extractions	Year 1 \$500 Year 2 \$600 Year 3+ \$700	12 months (from when this service is selected on your policy)	
Occlusal Therapy	Treatment to improve bite			
Complex fillings	Indirect fillings			
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) Limits renew every 3 years (Every calendar year if repairs)			
ORTHODONTICS				
Orthodontics	Orthodontics - orthodontist/other dentist	Year 1 \$450 Year 2 \$550 Year 3+ \$650 (These annual limits are halved for other dentists. Lifetime limit \$1,950 for orthodontists or \$975 for other dentists.)		
MENTAL HEALTH SERVICES				
Mental health services	Psychology includes group consultation	Year 1 \$300 Year 2 \$375 Year 3+ \$425		
	HCF-approved counselling & accredited mental health social worker includes group consultation			
	HCF-approved Online Cognitive Behavioural Therapy courses			
PHYSIOTHERAPY AND EXERCISE PHYSIOLOGY				
Therapies	Physiotherapy	Year 1 \$350 Year 2 \$425 Year 3+ \$500		
	Exercise physiology			
CHIROPRACTIC AND OSTEOPATHY				
Therapies	Chiropractic	Year 1 \$200 Year 2 \$300 Year 3+ \$400		
	Osteopathy			
DIETITIAN				
Therapies	Dietitian	Year 1 \$200 Year 2 \$300 Year 3+ \$400		
SPEECH PATHOLOGY AND OCCUPATIONAL THERAPY				
Therapies	Speech pathology	Year 1 \$300 Year 2 \$400 Year 3+ \$500	2 months (12 months for minor podiatric procedures from when Podiatry is selected on the policy)	
	Occupational therapy			
PODIATRY				
Therapies	Podiatry	Year 1 \$200 Year 2 \$300 Year 3+ \$400 (Orthotics are not included)		
	Orthotist/Prosthetist and Pedorthist consultation			
NATURAL THERAPIES				
Natural therapies	Remedial massage and myotherapy	Year 1 \$200 Year 2 \$250 Year 3+ \$300		
	Acupuncture and Chinese herbal medicine consultation			

60% (100% back* on your annual dental check-up or first visit to the physio, chiro, osteo or podiatrist in our No-Gap network, and on prescription glasses, depending on services and annual limit)

* 100% back through our No-Gap network is available on selected covers. Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back.

AVAILABLE TREATMENTS

SERVICE CATEGORY	DESCRIPTION	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)	WAITING PERIOD	INDICATIVE BENEFIT AMOUNT
VACCINES				
Vaccines	HCF-approved e.g. Boostrix, Shingrix, Vivaxim and more	\$180	2 months	60%
HEALTH MANAGEMENT PROGRAMS				
Health management programs	HCF-approved including antenatal/postnatal services	\$125		

ADDITIONAL INCLUSIONS THAT AUTOMATICALLY COME WITH YOUR COVER

SERVICE CATEGORY	DESCRIPTION	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)	WAITING PERIOD	INDICATIVE BENEFIT AMOUNT
TRAVEL AND ACCOMMODATION				
Travel and accommodation	200km round trip for consulting medical specialists and/or hospital admission	Max \$200 per policy	2 months	60% (claiming for bus, train, car hire, air fare and accommodation) 30c/km (claiming for car travel)
ACCIDENT BENEFIT				
Accident Benefit	Tops up your annual limit if exhausted as a result of an accident ^{**} .	\$200 per person when claiming as a result of an accident	2-12 months (depending on the extras service)	60%
EMERGENCY AMBULANCE (STATE GOVT. SERVICES)				
Emergency ambulance services ^{**} (State govt. services)	NSW and ACT residents	No annual limit within NSW or ACT. For services outside of NSW or ACT, 1 service per person. Max 2 services per policy	1 day	100%
	VIC, WA, NT, TAS and SA residents	1 service per person. Max 2 services per policy		

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY	DESCRIPTION
OTHER	
Other	HCF-approved pharmacy, foot orthotics, artificial aids, hearing aids and school accident benefit.

^{**} \$200 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident provided you make the first extras claim within 6 months of the accident.

^{**} Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

THINGS YOU NEED TO KNOW

The policyholder is the only member that can choose a maximum of 4 services from the selected range described on page 2 and can swap out a service for another service at any time, unless that service has been claimed for in the calendar year.

If any member on a Choose My Extras policy makes a claim for a service, that service is locked in for everyone on that policy for the remainder of the calendar year.

If the member who made a claim leaves a Choose My Extras policy and no one else on the policy has made a claim for that service, the service is unlocked and can be swapped out by the policyholder.

If a person transfers from one Choose My Extras policy to another, the extras categories that they claimed on during that calendar year will be locked in as selected categories for the rest of the calendar year, provided the service categories are already selected on the new Choose My Extras policy.

When a policyholder switches out an extras category, they agree to waive any rights they have or any person on the policy has, to benefits for the services in that category from the beginning of the relevant calendar year.

At the start of each calendar year, all extras categories are unlocked and can be swapped out for another extras category (until claims are made in the new calendar year for that category).

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

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance services**.
12 MONTHS	Teeth whitening, crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, veneers, orthodontics, minor podiatric procedures, and any service required to treat a pre-existing condition.
2 MONTHS	All other extras services.

If you add a service to your policy that has a 12 month waiting period, the waiting period starts on the date you added the service and not the date you commenced the policy. You must hold the service for 12 months continuously in order to satisfy the waiting period. When swapping between services with a 2 month waiting period, as long as you have continuously held cover for 2 months you will not be required to re-serve waiting periods for newly selected 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
- a claim will be declined if the Service Category has been swapped out for another Service Category, even though it was active as of the date the treatment was received.

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

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