

# HCF HOSPITAL OPTIMAL GOLD PRODUCT SUMMARY

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

## FEATURES

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

## 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:   |
|---|
| <b>Emergency ambulance**</b>  |
| <b>Rehabilitation</b>   |
| <b>Hospital psychiatric services</b>  |
| <b>Palliative care</b>  |
| <b>Brain and nervous system</b> e.g. stroke, brain or spinal cord tumours   |
| <b>Eye (not cataracts)</b> e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye  |
| <b>Ear, nose and throat</b> e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer   |
| <b>Tonsils, adenoids and grommets</b> e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets   |
| <b>Bone, joint and muscle</b> e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer  |
| <b>Joint reconstructions</b> e.g. torn tendons, rotator cuff tears and damaged ligaments  |
| <b>Kidney and bladder</b> e.g. kidney stones, adrenal gland tumour and incontinence   |
| <b>Male reproductive system</b> e.g. male sterilisation, circumcision and prostate cancer   |
| <b>Digestive system</b> e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids   |
| <b>Hernia and appendix</b> e.g. hernia operations and appendicitis  |
| <b>Gastrointestinal endoscopy</b> e.g. colonoscopy and gastroscopy  |
| <b>Gynaecology</b> e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer   |
| <b>Miscarriage and termination of pregnancy</b>   |
| <b>Chemotherapy, radiotherapy and immunotherapy for cancer</b>  |
| <b>Pain management</b> e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block  |
| <b>Skin</b> e.g. surgery to remove melanoma, minor wound repair and abscesses   |
| <b>Breast surgery (medically necessary)</b> e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynaecomastia   |
| <b>Diabetes management (excluding insulin pumps)</b> e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections   |
| <b>Heart and vascular system</b> e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls  |
| <b>Lung and chest</b> e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest  |
| <b>Blood</b> e.g. blood clotting disorders and bone marrow transplants  |
| <b>Back, neck and spine</b> e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis   |
| <b>Plastic and reconstructive surgery (medically necessary)</b> e.g. burns requiring a graft, cleft palate, club foot and angioma   |
| <b>Dental surgery</b> e.g. surgery to remove wisdom teeth and dental implant surgery<br>Things like operating theatre and hospital accommodation fees. Members must hold eligible extras cover to claim dentist or dental surgeon fees. |
| <b>Podiatric surgery (provided by a registered podiatric surgeon - Limited Benefits)^</b>   |
| <b>Implantation of hearing devices*</b>   |
| <b>Cataracts</b>  |
| <b>Joint replacements</b>   |
| <b>Dialysis for chronic kidney failure</b>  |
| <b>Pregnancy and birth</b>  |

| THIS POLICY INCLUDES COVER FOR (CONT.):  |
|--|
| <b>Assisted reproductive services</b>  |
| <b>Weight loss surgery</b>   |
| <b>Insulin pumps</b> †   |
| <b>Pain management with device</b> e.g. treatment of nerve pain, back pain and pain caused by coronary heart disease with a device |
| <b>Sleep studies</b> 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](http://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](http://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 |  |
|--------------------------|--|
| <b>1 DAY</b>             | Emergency ambulance.   |
| <b>2 MONTHS</b>          | 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. |
| <b>12 MONTHS</b>         | Pregnancy and birth. Pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care).  |
| <b>2 MONTHS</b>          | 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](http://hcf.com.au/unemployment-assistance)



# HCF TOP EXTRAS PRODUCT SUMMARY

Top level extras with our highest coverage for therapies and services.

## FEATURES

|   |   |  |  |  |
|---|---|--|--|--|
| <p><b>HEALTH PROGRAMS TO SUPPORT YOUR FAMILY</b></p> <p>Access a range of resources to help you keep your family's health in check</p>  | <p><b>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</b></p>  | <p><b>LOYALTY LIMITS INCREASE THE LONGER YOU'RE WITH US<sup>^</sup></b></p>  | <p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b></p> <p>through HCF Thank You</p>  | <p><b>ONLINE MENTAL HEALTH COURSES</b></p> <p>Take charge of your mental wellbeing with online support programs</p>  |
|---|---|--|--|--|

## EXTRAS INCLUDES:

- ✓ Our highest level of limits and benefits
- ✓ Cover for general and major dental, orthodontics, optical, physio, other therapies and health aids
- ✓ A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions
- ✓ School Accident Benefit to help pay out-of-pocket expenses relating to extras included in your cover if your child's in an accident at school<sup>#</sup>

## 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, osteo, and podiatrist<sup>^^</sup>.

\* 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](http://hcf.com.au/100back)

<sup>^</sup> Up to a maximum limit. See extras table for details.

<sup>#</sup> Applies to children attending school, up to and including year 12. Subject to waiting periods, annual limits and other conditions. See [hcf.com.au/school-accident](http://hcf.com.au/school-accident)

<sup>\*\*</sup> Excludes add-ons such as high index material, coatings and tinting.

<sup>^^</sup> 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.



# HCF TOP EXTRAS

## TREATMENTS COVERED BY THIS POLICY

| SERVICE CATEGORY                                     |  | DESCRIPTION   | INDICATIVE BENEFIT AMOUNT      | WAITING PERIOD  | ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)   |
|--|--|---|--------------------------------|---|---|
| OPTICAL  | Glasses and contact lenses                 | Spectacle frames  | 100% of fee up to annual limit | 2 months  | \$275   |
|  |  | Spectacle lenses – pair   |                                |   |   |
|  |  | Contact lenses – pair   |                                |   |   |
| GENERAL DENTAL                                       | Diagnostic and preventative                | Examinations (max 2 services per year)  | \$34-\$84                      | 2 months  | No annual limit (service limits apply)  |
|  |  | Removal of plaque/calculus (max 2 services per year)  | \$40-\$75                      |   |   |
|  |  | Application of fluoride (max 1 service per year)  | \$29                           |   |   |
|  |  | Single film X-rays (service limits apply)   | \$34                           |   |   |
|  | Simple fillings                            | Direct fillings   | \$105-\$256                    | 12 months   | Year 1 \$1,000<br>Year 2 \$1,150<br>Year 3+ \$1,300<br>(Teeth whitening has a service limit of an in-chair treatment - max 8 teeth/session - every 36 months) |
| Tooth extractions                                    | Simple extractions                         | \$120-\$175   |                                |   |   |
| Teeth whitening (provided by a dentist)              | In-chair treatment (service limits apply)  | \$57  |                                |   |   |
| MAJOR DENTAL   | Oral surgery                               | Surgical extractions  | \$210-\$330                    |   |   |
|  | Occlusal Therapy                           | Treatment to improve bite   | \$38-\$400                     |   |   |
| MAJOR DENTAL   | Complex fillings                           | Indirect fillings   | \$341-\$783                    |   |   |
|  | Periodontics                               | Treatment of tissue surrounding teeth   | \$27-\$430                     |   |   |
|  | Endodontics                                | Treatment of root canals  | \$32-\$285                     |   |   |
|  | Crowns and bridges                         | Placing of crowns and bridges   | \$280-\$1,100                  |   |   |
| MAJOR DENTAL   | Dentures                                   | Dentures and components (partial and complete)<br>Limits renew every 3 years  | \$33-\$1,300                   | 12 months   | \$800<br>(\$400 for other dentists)<br>Lifetime limit \$2,400 or \$1,200 for other dentists   |
|  | Orthodontics                               | Orthodontics - orthodontist/other dentist   | Up to \$800                    |   |   |
| THERAPIES  | Mental health services<br>Group/individual | Psychology (after Medicare Mental Health Treatment Plan used up) includes group consultation  | \$30/\$100                     | 2 months<br>(12 months for foot orthotics minor podiatric procedures) | Year 1 \$600<br>Year 2 \$750<br>Year 3+ \$900   |
|  |  | Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultation  | \$21/\$58                      |   |   |
|  |  | HCF-approved counselling & accredited mental health social worker includes group consultation   | \$18/\$48                      |   |   |
|  |  | HCF-approved Online Cognitive Behavioural Therapy courses   | \$35 - \$59                    |   |   |
|  | Allied health<br>First visit/subsequent    | Occupational therapy  |                                | \$72  |   |
|  |  | Physiotherapy (see Health Management Programs for groups and classes)   |                                | \$60/\$54   |   |
|  |  | Exercise physiology (see Health Management Programs for groups and classes)   |                                | \$40  |   |
|  |  | Chiropractic  |                                | \$45/\$35   |   |
|  |  | Osteopathy  |                                | \$50/\$40   |   |
|  |  | Dietitian   |                                | \$55  |   |
|  |  | Audiology   |                                | \$70  |   |
|  |  | Speech pathology  |                                | \$83  |   |
|  | Natural therapies                          | Podiatry (including 1 pair of foot orthotics per person per year)   |                                | \$40  |   |
|  |  | Orthotist/Prosthetist and Pedorthist consultation   |                                | \$25 - \$135  |   |
| Remedial massage and myotherapy                      |  | \$40  |                                |   |   |
| Acupuncture and Chinese herbal medicine consultation |  |   |                                |   |   |
| OTHER  | Travel and accommodation                   | 200km round trip for a consulting medical specialist and/or hospital admission  | \$50                           | 2 months  | Max \$250 per policy  |
|  | HCF-approved pharmacy                      | After PBS equivalent co-payment subtracted  | Up to \$50 per script          |   | \$280   |
|  | Vaccines                                   | HCF approved e.g. Boostrix, Shingrix, Vivaxim and more  | Up to \$50 per script          | 12 months   | Max \$200 per policy  |
|  | Artificial aids                            | HCF-approved e.g. low vision aids, blood glucose monitors, orthoses   | \$55-\$200                     |   | \$800-\$1,800   |
|  | Hearing aids                               | Benefits accrue over time and renew every 3 years   | Up to \$1,800                  |   |   |
|  | Health Management Programs                 | HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management                       | Up to \$200                    | 2 months  | \$200 per person<br>Max \$400 per policy  |
|  | School Accident Benefit                    | Helps pay out-of-pocket expenses for extras in your cover. See <a href="http://hcf.com.au/school-accident">hcf.com.au/school-accident</a> | Up to \$200                    | 2-12 months   | \$200 per eligible child  |
| Emergency ambulance<br>(State govt. services)        | NSW and ACT                                |   | 100%                           | 1 day   | No annual limit   |
|  | VIC, WA, NT, and SA                        |   | 100%                           |   | 1 service per person<br>Max 2 services per policy   |

## TREATMENTS NOT COVERED BY THIS POLICY

| SERVICE CATEGORY |                            | DESCRIPTION  |
|------------------|----------------------------|--|
| OTHER            | Health Management Programs | HCF-approved antenatal/postnatal services - pregnancy compression garments and breastfeeding support services through the Australian Breastfeeding Association |

## THINGS YOU NEED TO KNOW

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

| EXTRAS WAITING PERIODS |   |
|------------------------|---|
| <b>1 DAY</b>           | Emergency ambulance.  |
| <b>12 MONTHS</b>       | Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, teeth whitening, veneers, orthodontics, artificial aids, foot orthotics, minor podiatric procedures and hearing aids. |
| <b>2 MONTHS</b>        | 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.