





# HCF HOSPITAL PREMIUM GOLD PRODUCT SUMMARY

Our top hospital cover for complete peace of mind.

## FEATURES

|   |  |   |  |
|---|--|---|--|
| <p><b>NO EXCESS FOR KIDS<br/>AGED UNDER 25,<br/>FOR ACCIDENT<br/>RELATED<br/>TREATMENT<br/>OR SAME DAY<br/>ADMISSIONS</b></p>  | <p><b>HOSPITAL COVER<br/>FOR PREGNANCY<br/>AND BIRTH</b></p>  | <p><b>TRAVEL AND<br/>ACCOMMODATION<br/>BENEFITS<br/>FOR YOUR<br/>HOSPITAL STAY*</b></p>  | <p><b>BE REWARDED<br/>WITH A GREAT<br/>RANGE OF<br/>EXCLUSIVE OFFERS</b><br/>through HCF Thank You</p>  |
|---|--|---|--|

## HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess
- ✓ Our top level of hospital cover including pregnancy and birth, assisted reproductive services including IVF
- ✓ Involuntary unemployment assistance - we'll pay premiums for eligible members if you become involuntarily unemployed<sup>^</sup>



\* When you travel at least 200km round trip. Other terms and conditions apply. Go to [hcf.com.au/travel-accommodation](https://hcf.com.au/travel-accommodation) to find out more  
<sup>^</sup> For up to 6 months. Other conditions and waiting periods apply. See [hcf.com.au/unemployment-assistance](https://hcf.com.au/unemployment-assistance)

# HCF HOSPITAL PREMIUM GOLD

| 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      | ✓                     |
| No excess for same day admissions             | ✓                     |
| Travel and accommodation benefit*             | ✓                     |
| Available without extras cover                | Yes                   |

| 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 gynecomastia                       |
| <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  |
| <b>Podiatric surgery (provided by a registered podiatric surgeon)∞</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> ①   |
| <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.

## 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](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.

# 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.

^ Includes associated speech and sound processors including upgrades.

① Covered for certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes. See [hcf.com.au/insulinpumps](http://hcf.com.au/insulinpumps) to find out if you're covered.

## 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).   |

### NO EXCESS FOR SAME-DAY TREATMENT

HCF will waive any applicable excess for same-day treatment for members who have held HCF Hospital Premium Gold for at least 12 months.

### 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 MID EXTRAS PRODUCT SUMMARY

Affordable mid-level extras cover for a range of services and therapies.

## FEATURES

**100% BACK  
ON POPULAR  
EXTRAS\***



**CLAIM ON A RANGE OF  
HEALTH MANAGEMENT  
PROGRAMS**



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

through HCF Thank You



## EXTRAS INCLUDES:

- ✓ Mid-level cover for general and major dental, optical, physio, chiro and some natural therapies
- ✓ HCF-approved vaccinations
- ✓ A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions

## 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<sup>^</sup> and you'll also get free digital retinal imaging with your eye test.



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

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



# HCF MID 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       | \$200  |
|  |   | Spectacle lenses – pair   |                                |                |  |
|  |   | Contact lenses – pair   |                                |                |  |
| GENERAL DENTAL                                       | Diagnostic and preventative                 | Examinations (max 2 service per year)   | \$32-\$73                      | 2 months       | \$650 includes<br>Max 2 check ups,<br>2 scale and clean, and<br>1 fluoride treatment<br>per person, per year<br>(Excludes occlusal<br>therapy) |
|  |   | Removal of plaque/calculus (max 2 service per year)   | \$36-\$62                      |                |  |
|  |   | Application of fluoride (max 1 service per year)  | \$27                           |                |  |
|  |   | Single film X-rays (service limits apply)   | \$29                           |                |  |
|  | Simple fillings                             | Direct fillings   | \$85-\$177                     |                |  |
| TOOTH EXTRACTIONS                                    | Simple extractions                          | \$95-\$143  |                                |                |  |
|  | MAJOR DENTAL                                | Oral surgery  | Surgical extractions           | \$157-\$250    |  |
| Complex fillings                                     |   | Indirect fillings   | \$298-\$600                    |                |  |
| Periodontics   |   | Treatment of tissue surrounding teeth   | \$23-\$374                     |                |  |
| Endodontics  |   | Treatment of root canals  | \$27-\$248                     |                |  |
| CROWNS AND BRIDGES                                   | Placing of crowns and bridges               | \$238-\$600   |                                |                |  |
|  | Dentures                                    | Dentures and components (partial and complete)<br>Limits renew every 3 years  | \$25-\$600                     |                |  |
| THERAPIES  | Allied health<br>First visit/subsequent     | Physiotherapy (see Health Management Programs for groups and classes)   | \$56/\$49                      | 2 months       | \$350  |
|  |   | Exercise physiology (see Health Management Programs for groups and classes)   | \$33                           |                |  |
|  |   | Chiropractic  | \$38/\$31                      |                |  |
|  |   | Osteopathy  | \$46/\$36                      |                |  |
|  | Natural therapies<br>First visit/subsequent | Remedial massage and myotherapy   | \$36/\$31                      |                | \$150  |
| Acupuncture and Chinese herbal medicine consultation |   | \$36/\$31   |                                |                |  |
| OTHER  | Vaccines                                    | HCF approved e.g. Boostrix, Shingrix, Vivaxim and more  | Up to \$50 per script          | 2 months       | \$100  |
|  | Health Management Programs                  | HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management | Up to \$50                     |                | \$50 per person<br>Max \$100 per policy  |
|  | Emergency ambulance (State govt. services)  | NSW and ACT<br>VIC, WA, NT, and SA  | 100%<br>100%                   | 1 day          | No annual limit<br>1 service per person<br>Max 2 services per policy   |

## TREATMENTS NOT COVERED BY THIS POLICY

| SERVICE CATEGORY           |  | DESCRIPTION   |
|----------------------------|--|---|
| MAJOR DENTAL               | Orthodontics   | Orthodontics - orthodontist/other dentist   |
|                            | Occlusal Therapy   | Treatment to improve bite   |
| THERAPIES                  | Mental health services<br>Group/individual   | Psychology (after Medicare Mental Health Treatment Plan used up) includes group consultations   |
|                            |  | Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations |
|                            |  | HCF-approved counselling & accredited mental health social worker includes group consultations  |
|                            |  | HCF-approved Online Cognitive Behavioural Therapy courses   |
|                            | Allied health<br>First visit/subsequent  | Occupational therapy  |
|                            |  | Podiatry (including foot orthotics)   |
|                            |  | Orthotist/Prosthetist and Pedorthist  |
|                            |  | Audiology   |
| Orthoptic therapy          | Speech pathology   |   |
|                            | Dietetics  |   |
| OTHER                      | Orthoptic therapy  | Eye therapy   |
|                            | HCF-approved pharmacy  | 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, orthoses)   |
|                            | Hearing aids   | Benefits accrue over time and renew every 3 years   |
| Health Management Programs | HCF-approved antenatal/postnatal services - pregnancy compression garments and breastfeeding support services through the Australian Breastfeeding Association |   |
| 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>                      |   |

## 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, dental bleaching, 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.