






# HCF HOSPITAL STANDARD SILVER PLUS

## PRODUCT SUMMARY

Affordable hospital cover for some common procedures.

### FEATURES

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

### HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess
- ✓ Cover for heart and vascular procedures, joint reconstructions and more
- ✓ Ambulance cover in emergencies



<sup>∞</sup> 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](https://www.hcf.com.au/accident-safeguard)  
<sup>\*</sup> When you travel at least 200km round trip. Other terms and conditions apply. Go to [hcf.com.au/travel-accommodation](https://www.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://www.hcf.com.au/unemployment-assistance)

# HCF HOSPITAL STANDARD SILVER 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:

| <b>Emergency ambulance</b>  |
|---|
| <b>Accident Safeguard</b> - 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 <a href="http://hcf.com.au/accident-safeguard">hcf.com.au/accident-safeguard</a> |
| <b>Rehabilitation</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  |
| <b>Podiatric surgery (provided by a registered podiatric surgeon)</b> ∞   |
| <b>Implantation of hearing devices</b> ^  |
| <b>Sleep studies</b> e.g. sleep apnoea and snoring  |
| THIS POLICY INCLUDES RESTRICTED COVER FOR:  |
| Hospital psychiatric services   |

## THIS POLICY DOES NOT INCLUDE COVER FOR:

|                                     |
|-------------------------------------|
| 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](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.

## 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.

^ Includes associated speech and sound processors including upgrades.

## 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.