






HCF MY FUTURE 750 BASIC PLUS PRODUCT SUMMARY

Hospital and extras package designed for young singles and couples getting health cover for the first time.

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>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</p> <p>if you become involuntarily unemployed^</p> 	<p>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY*</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 	<p>ONLINE MENTAL HEALTH COURSES</p> <p>Take charge of your mental wellbeing with online support programs</p> 
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HOSPITAL INCLUDES:

- ✓ \$750 excess
- ✓ No excess for accident-related treatment (for services included in your cover)
- ✓ Joint reconstructions, dental surgery and more
- ✓ Ambulance cover in emergencies

EXTRAS INCLUDES:

- ✓ Flexible \$600 combined limit
- ✓ Cover for general and some major dental, physio, chiro and popular therapies
- ✓ HCF-approved vaccinations

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:

- ✓ 1 dental check-up, scale and clean and fluoride treatment a year
- ✓ a first visit to a physio**.



* 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

^ For up to 6 months. Other conditions and waiting periods apply. See hcf.com.au/unemployment-assistance

* When you travel at least 200km round trip. Other terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more

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

** 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 MY FUTURE 750 BASIC PLUS HOSPITAL

KEY FEATURES	
Excess (per person per calendar year)	\$750
No excess for Accident-related treatment (for services included in your cover)	✓
Travel and accommodation benefit	✓
Available without extras cover	No

THIS POLICY INCLUDES COVER FOR:
Emergency ambulance
Accident Safeguard - services that are not included or have Restricted Cover will be treated as covered services in the event of an Accident that occurs after joining. Does not include podiatric surgery. Conditions apply. See hcf.com.au/accident-safeguard
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
Hernia and appendix e.g. hernia operations and appendicitis
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Miscarriage and termination of pregnancy
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
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.
Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:
Rehabilitation
Hospital psychiatric services
Palliative care

THIS POLICY DOES NOT INCLUDE COVER FOR:
Brain and nervous system
Eye (not cataracts)
Kidney and bladder
Male reproductive system
Digestive system
Gastrointestinal endoscopy
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management
Breast surgery (medically necessary)
Diabetes management (excluding insulin pumps)
Heart and vascular system
Lung and chest
Blood
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
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 DOES NOT INCLUDE COVER FOR:
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.

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.

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.

HCF MY FUTURE 750 BASIC PLUS 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	\$29 - \$60	2 months	\$600 combined limit per person (Teeth whitening has a service limit of an in-chair treatment - max 8 teeth/session - or one take home kit; applies every 36 months.)
		Removal of plaque/calculus	\$36 - \$55		
		Application of fluoride	\$25		
		Single film X-rays (service limits apply)	\$24		
	Teeth whitening (provided by a dentist)	In-chair treatment (service limits apply)	\$41	12 months	
		Home application (service limits apply)	\$55		
	Simple fillings	Direct fillings	\$66 - \$143	2 months	
Tooth extractions	Simple extractions	\$78 - \$88			
MAJOR DENTAL	Oral surgery	Surgical extractions	\$156 - \$248	12 months	
	Complex fillings	Indirect fillings	\$240 - \$495		
	Periodontics	Treatment of tissue surrounding teeth	\$18 - \$314		
	Endodontics	Treatment of root canals	\$18 - \$193		
THERAPIES	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan is used up) includes group consultation	\$14/\$48	2 months	
		Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year)includes group consultation	\$10/\$28		
		HCF-approved counselling & accredited mental health social worker includes group consultation	\$9/\$23		
		HCF-approved Online Cognitive Behavioural Therapy courses	\$59		
	Allied health First visit/subsequent	Physiotherapy	\$38/\$32		
		Exercise physiology	\$26		
		Chiropractic	\$30/\$23		
		Osteopathy	\$38/\$32		
	Natural therapies	Remedial massage and myotherapy	\$27		
		Acupuncture and Chinese herbal medicine consultation	\$30		
OTHER	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more	Up to \$50 per script		
	Emergency ambulance (State govt. services)	When not covered under state arrangements	100%	1 day	No annual limit

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION
OPTICAL	Optical	Prescription glasses/contact lenses
MAJOR DENTAL	Orthodontics	Orthodontics - orthodontist/other dentist
	Crowns and bridges	Placing of crowns and bridges
	Dentures	Dentures and/or components
	Occlusal Therapy	Treatment to improve bite
THERAPIES	Occupational therapy	Consultation and treatment
	Podiatry (including foot orthotics)	Consultation and treatment
	Orthotist/Prosthetist and Pedorthist	Consultation
	Audiology	Hearing consultation
	Speech Pathology	Consultation and treatment
	Dietitian	Consultation and treatment
OTHER	Health Management Programs	HCF-approved programs including HCF approved exercise classes and weight management
	Artificial aids and appliances	HCF-approved e.g. low vision aids, blood glucose monitors orthoses
	Hearing aids	Benefits accrue over time and renew every 3 years
	Travel and accommodation	200km round trip for a consulting medical specialist
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted

HCF THANK YOU LOYALTY REWARDS

You don't have to be unwell to get great value from your cover with our range of exclusive loyalty offers and rewards. We can help you save money on essentials like groceries or on well-deserved treats and experiences*.

 hcf.com.au/thankyou

* Eligibility criteria applies. You can access HCF Thank You offers after you've been a member for a week, and if your premiums are up to date.



THINGS YOU NEED TO KNOW

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

HOSPITAL AND EXTRAS 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). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, teeth whitening, veneers, orthodontics, artificial aids and appliances, foot orthotics, minor podiatric procedures and hearing aids.
2 MONTHS	All other hospital and extras 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
- 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.