






# HEALTHCLUB SILVER PLUS PRODUCT SUMMARY

Affordable hospital and extras package for most common services.

## FEATURES

<p><b>NO EXCESS FOR KIDS AGED UNDER 25 OR ACCIDENT RELATED TREATMENT</b></p> 	<p><b>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY*</b></p> 	<p><b>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</b> if they become involuntarily unemployed#</p> 	<p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b> through HCF Thank You</p> 	<p><b>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</b></p> 
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## HOSPITAL INCLUDES:

- ✓ \$250 excess
- ✓ Cover for heart and vascular procedures, spinal procedures and more
- ✓ Ambulance cover in emergencies

## EXTRAS INCLUDES:

- ✓ Comprehensive cover for general and major dental, optical, physio, chiro, osteo and some popular therapies
- ✓ HCF-approved pharmacy benefit

## 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 and osteo+
- ✓ a first visit to a podiatrist+.

\* When you travel at least 200km round trip. Other terms and conditions apply. Go to [hcf.com.au/travel-accommodation](http://hcf.com.au/travel-accommodation) to find out more.

# Conditions and waiting periods apply. See [hcf.com.au/unemployment-assistance](http://hcf.com.au/unemployment-assistance)  
- 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)  
^ Excludes add-ons such as 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.



# HEALTHCLUB SILVER PLUS HOSPITAL

KEY FEATURES	
Excess options (per person per calendar year)	\$250
No excess for Accident-related treatment	✓
No excess for kids aged under 25	✓
No excess for same day admissions	✗
Travel and accommodation benefit*	✓
Available as hospital cover only (without extras)	No

THIS POLICY INCLUDES COVER FOR:
<b>Emergency ambulance</b>
<b>Non-emergency ambulance (up to \$5,000)</b>
<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 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 (CONTINUED):
<b>Assisted reproductive services</b>
<b>Insulin pumps<sup>1</sup></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 INCLUDES RESTRICTED COVER FOR:
Hospital psychiatric services

THIS POLICY DOES NOT INCLUDE COVER FOR:
Weight loss surgery
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.

## **R** 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.

## **x** SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to the excluded service. Always check with HCF 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.

^ Includes associated speech and sound processors including upgrades.

<sup>1</sup> 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.

∞ 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.

## HEALTHCLUB SILVER PLUS EXTRAS

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)	
DENTAL	Diagnostic dental	Examinations - general dentist/specialist dentist	\$32 - \$79	2 services/1 service	
		Single film X-rays	\$28	Limits apply	
	Preventative dental	Removal of plaque/calculus	\$36 - \$67	2 services	
		Application of fluoride	\$27	1 service	
	Fillings	Metallic and tooth coloured (direct)	\$80 - \$174	\$400	
	Extractions	Simple extractions	\$120 - \$175		
	Occlusal therapies	Treatment of bite problems	\$52 - \$250		
	Oral surgery	Surgical extractions	\$210 - \$330	\$400	
	Endodontic services	Treatment of root canals	\$50 - \$280		
	Periodontic services	Treatment of tissue surrounding the teeth	\$23 - \$281		
	Dentures	Dentures and components (partial and complete)	\$20 - \$700	\$700 every 3 years	
		Maintenance and repair	\$22 - \$155		
Crowns and bridges	Placing of crowns and bridges	\$50 - \$635			
Orthodontics	Access half of your lifetime limit (up to \$900 for orthodontist or \$750 for general dentist treatment) at the beginning of active treatment and the remainder of your lifetime limit at completion of treatment. Accrues at \$300 based on length of membership up to \$1,800 maximum lifetime limit for orthodontist or \$1,500 for general dentist treatment. Sub-limits apply.				
OPTICAL	Glasses and contact lenses	Spectacle frames	100% of fee up to annual limit	\$200	
		Spectacle lenses - pair			
		Contact lenses - pair			
THERAPIES	Allied health First visit/subsequent	Exercise physiology	\$32	\$350	
		Chiropractic	\$37 visits 1-4/ \$30 visits 5+		
		Osteopathy	\$42 visits 1-2/ \$34 visits 3+		
		Podiatry consultations	\$36/\$30	\$200	
		Foot orthotics (1 pair per person per year)	\$20 - \$120	\$120	
		Physiotherapy	\$50 visits 1-2/ \$40 visits 3+	\$700	
		Dietetics	\$45		
		Speech pathology	\$60		
		Orthoptic therapy	\$40 visits 1-2/\$32 visits 3-14/\$29 visits 15+		
		Natural therapies First visit/subsequent	Occupational therapy	\$62	\$300
			Remedial massage	\$35/\$25	
Myotherapy	\$35/\$27				
Acupuncture	\$35/\$20				
OTHER	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script	\$600	
	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more			
	Health Management Programs	HCF-approved - single/couples or family	Up to \$150	\$150 per person/ \$300 per policy	

## THINGS YOU NEED TO KNOW

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

HOSPITAL AND EXTRAS 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). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics, minor podiatric procedures and hearing aids.
<b>2 MONTHS</b>	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.