

# OVERSEAS VISITORS ESSENTIALS PLUS PRODUCT SUMMARY

Essentials Plus covers hospital accommodation in a participating private hospital or public hospital for services included in your cover and PBS medicines during and after your hospital stay. You're also covered for emergency ambulance transport and doctors' fees both in and out of hospital.

This product summary only applies to cover taken out after 21 July 2025.

## FEATURES



## ESSENTIALS PLUS

- ✓ You can choose a \$250, \$500 or \$750 excess
- ✓ Covered immediately for hospital services, unless your condition is pre-existing\*
- ✓ Lower out-of-pocket costs with our extensive provider network
- ✓ Participating private hospital accommodation, operating theatre and prosthesis fees
- ✓ Doctors' fees in and out of hospital
- ✓ PBS medicines required while in and out of hospital, or on discharge
- ✓ Ambulance cover in emergencies#
- ✓ Emergency department fees up to \$200 per visit.

## IMPORTANT

**This cover has significant out-of-pocket expenses at non-participating private hospitals.**  
**This cover doesn't meet the visa health requirement for condition 8501.**

\* A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which in the opinion of a Medical Practitioner appointed by HCF, existed in the period of 6 months ending on the day on which the policyholder is covered for hospital benefits or upgrades to a higher product or insured group. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition; not on a diagnosis.

# Excludes emergency ambulance transport from a medical facility or a hospital. Excludes all non-emergency ambulance services.

KEY FEATURES	
Excess options (per person per calendar year)	\$250, \$500 or \$750
Inpatient & outpatient medical services up to 100% of MBS fee	✓

#### THIS POLICY INCLUDES COVER FOR:

<b>Ambulance cover in emergencies*</b>
<b>Insulin pumps*</b>
<b>Rehabilitation</b>
<b>Palliative care</b>
<b>Brain and nervous system</b> e.g. stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease
<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>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, gastroscopy, endoscopic retrograde cholangiopancreatography (ERCP)
<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. 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>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>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

\* Covered for certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

^ Includes associated speech and sound processors including upgrades.

\* Benefits are limited to accommodation and the cost of a prosthesis as listed in the Government approved prescribed list of medical devices and human tissue products.

# Excludes emergency ambulance transport from a medical facility or a hospital. Excludes all non-emergency ambulance services.

#### THIS POLICY DOES NOT INCLUDE COVER FOR:

Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Elective cosmetic surgery
Kidney and bladder (including organ transplants)
Plastic and reconstructive surgery (medically necessary)
Dialysis for chronic kidney failure
Hospital psychiatric services

## HOSPITAL

### HOSPITAL SERVICES

When you're admitted to hospital, the type of benefits we may pay includes:

- accommodation
- operating theatre
- intensive care
- doctor and specialist fees
- government-approved prostheses
- PBS medicines.

The level of benefits we pay will depend on whether you go to a hospital in the HCF private hospital network.

No matter which type of hospital you go to, you may need to pay medical out-of-pocket costs for doctors' fees, pathology and X-rays.

Call our 24/7 helpline on **13 68 42**, then press 2, so we can help guide you to a hospital and doctor in our network.

### PUBLIC HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment as a private patient in a public hospital for services included in your level of cover, the benefits payable are at the Gazetted Rate, which is determined by a state or territory health authority. **These benefits are higher than Minimum Benefits but if the hospital charges more than the Gazetted Rate, you'll have an out-of-pocket cost.**

### PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a participating private hospital for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital.

### NON-PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a non-participating private hospital for services included in your level of cover, the benefits payable are only Minimum Benefits. **Minimum Benefits are low level benefits. In some instances, the out-of-pocket costs could be significant, and depending on the treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

### 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.

## IN-HOSPITAL MEDICAL SERVICES

Depending on how each of your doctors (including surgeons and anaesthetists) decide to bill you when you're admitted to hospital, we'll cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee. If your doctor participates in HCF's No Gap or Known Gap arrangement, you'll either have nothing to pay or a limited 'gap' to pay. For more info go to the Frequently Asked Questions (FAQs) at [hcf.com.au/health-insurance/overseas-visitors](https://hcf.com.au/health-insurance/overseas-visitors)

### MEDICINE

For PBS Medicines that are charged by the non-participating hospital or the public hospital to the member, the benefit payable will be 100% of the PBS listed price for that Medicine minus the current PBS general patient co-payment. The PBS patient co-payment fee is an out-of-pocket cost you're required to pay towards the cost of PBS medicine before we will calculate your benefit. The patient co-payment fee is determined by the Department of Health and Aged Care and is subject to change.

If you go to a participating private hospital, you won't have to pay the PBS patient co-payment fee.

## OUT-OF-HOSPITAL MEDICAL SERVICES

### EMERGENCY DEPARTMENT FEES

A maximum of \$200 per visit for emergency department fees including administration fees (when a charge is raised by the hospital).

**Note:** In hospital outpatient clinics (not Emergency Departments) benefits are only payable for medical fees where the service would be eligible for an MBS benefit if provided to an Australian resident. No other fees or charges are payable for outpatient clinics.

### DOCTORS AND SPECIALIST DOCTORS' SERVICES

You're covered for doctors' services for items listed on the Australian Government Medicare Benefits Schedule (MBS) and where the service would be eligible for an MBS benefit if provided to an Australian resident:

- For regular doctor visits, we will pay 100% of the fee when you see a doctor through our GP network.
- For specialist and non-network doctor consultations, we'll cover you for 100% of the MBS fee.
- For pathology and radiology, we'll cover you for 100% of the MBS fee for services such as blood tests, scans and X-rays\*.

If the provider charges above the MBS fee, you will need to pay an out-of-pocket cost.

### MEDICINE

You're covered for medicines listed on the Australian Government approved pharmacy list (PBS):

- Medicines given to you when you leave hospital (discharged) if they are part of your ongoing treatment. We'll cover you up to a maximum of \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- Medicines required on a script given to you by a doctor from a medical practice or an emergency department are covered up to a maximum of \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- The yearly limit for claimable discharge and scripted medicines per person is \$300.

### AMBULANCE

Emergency transportation to the nearest hospital able to provide the treatment required from any location except from a medical facility or a hospital, or for on-the-spot treatment.

## OTHER THINGS YOU SHOULD KNOW

### EXCESS

You have a choice of a **\$250, \$500 or \$750** 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 (where applicable) 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. The excess amount will only apply to a maximum of 2 people on family policies per calendar year.

### WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you. You'll be covered immediately for all of your in-hospital and out-of-hospital services, unless you have a pre-existing condition where you need to wait for 12 months, or for PBS medicines supplied on a script from a doctor where you need to wait for 2 months.



### CALL US 24/7 TO HELP YOU PAY LESS

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline (press 2) and we'll connect you with the right healthcare service.

Our team of experts will connect you with a service in our network including:

- regular doctors (GPs)
- after hours GPs
- specialist doctors
- private hospitals
- emergency departments
- nurses who'll discuss your illness and suggest next steps<sup>#</sup>.



**13 68 42**

**Call our 24/7 helpline then press 2**

<sup>#</sup>Healthcare support isn't intended for life threatening or medical emergency situations. It isn't a diagnostic service and doesn't replace a consultation with a health professional.

\* This doesn't include costs for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes. This product is available for new member sales from 1 July 2025.

## WHAT'S NOT COVERED

HOSPITAL	MEDICAL IN & OUT OF HOSPITAL	OTHER
Out-of-pocket costs if you go to non-participating hospitals or if treated at a public hospital. This includes if the hospital decides to charge more than the Minimum Benefit or the Gazetted Rate	Out-of-pocket costs if you go to a non-network doctor or your specialist charges more than the MBS fee	Treatment received outside Australia
Hospital costs unless you're admitted to hospital, except emergency department fees	Non-PBS medicines including high cost and experimental drugs	Any costs if compensation, damages or benefits are payable by a third party. For example, workers compensation or motor vehicle accident
Any costs if you become classified as a nursing home type patient	Co-payments on PBS medicines	Any costs for extras goods and services such as dental, optical, physiotherapy or natural therapies
Personal convenience, luxury room and take home items	Out-of-pocket costs, when your doctor/s charge more than the MBS fee and when any charges are not covered by our No Gap arrangement	For any service that has a waiting period until that time has been served
The gap on government-approved prostheses	Non-emergency ambulance or transfers between hospitals	Cost of repatriation
Any excess on your policy	Medical services that are part of any service that is excluded on your policy	Costs of returning mortal remains to home country, or funeral costs
Any service that is excluded on your policy	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes	
	Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service for which Medicare pays no benefit	
	Outpatient medical services provided by an allied health provider (e.g. optometrist, physiotherapist, dentist and psychologist)	

### Easy ways to contact us



**In Australia** **Outside Australia**  
**13 68 42** **+61 2 7230 5100**



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**hcf.com.au/health-insurance/overseas-visitors**