

# OVERSEAS VISITORS SHORT STAY PRODUCT SUMMARY

Short Stay is our most affordable hospital and medical cover for healthy singles and couples. It covers you for unexpected health needs you may have during your stay in Australia such as doctors' fees, emergency ambulance services\* and going to hospital in a participating private hospital or public hospital for treatment included in your cover. It does not cover treatment for any pre-existing conditions. This product summary only applies to cover taken out after 21 July 2025.

## FEATURES

<p><b>24/7 HELPLINE 13 68 42 (THEN PRESS 2)</b></p> 	<p><b>PAY LESS FOR HOSPITAL COSTS</b></p> 	<p><b>WE SPEAK MANY LANGUAGES</b></p> 	<p><b>SEE A DOCTOR IN OUR GP NETWORK AND GET 100% BACK FOR THE VISIT</b></p> 
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## SHORT STAY

- ✓ You can choose a \$250, \$500 or \$750 excess
- ✓ For singles and couples
- ✓ 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 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.**

\* 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>Rehabilitation</b>
<b>Insulin pumps*</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. 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>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>Dental surgery</b> e.g. wisdom teeth and dental implant surgery
<b>Implantation of hearing devices<sup>^</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

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

<sup>^</sup> Includes associated speech and sound processors including upgrades.

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

THIS POLICY DOES NOT INCLUDE COVER FOR:
Pre-existing conditions
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Elective cosmetic surgery
Hospital psychiatric services
Palliative care
Kidney and bladder (including organ transplants)
Heart and vascular system
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Podiatric surgery (provided by a registered podiatric surgeon)
Cataracts
Joint replacements
Dialysis for chronic kidney failure

## 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 for their services 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 see 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 are 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, you'll get back 100% 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.
- The yearly limit for discharge medicines claimable per person is \$200.

### 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.

### WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you. There are no waiting periods under this cover. You'll be covered immediately for all of your in-hospital and out-of-hospital services. Pre-existing conditions are not covered after any amount of time.



### 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\*.

 **13 68 42**

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

\*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.

## 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	Medicines provided on a script from a GP, specialist or emergency department	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	Non-PBS medicines including high cost and experimental drugs	Any service that is deemed a pre-existing condition
Personal convenience, luxury room and take home items	Co-payments on PBS medicines	Any costs for extras goods and services such as dental, optical, physiotherapy, or natural therapies
The gap on government-approved prostheses	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	Cost of repatriation
Any excess on your policy	Non-emergency ambulance or transfers between hospitals	Costs of returning mortal remains to home country, or funeral costs
Any service that is excluded on your policy	Medical services that are part of any service that is excluded on your policy	
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	
	Medicines prescribed by doctors or emergency department as an outpatient and not part of a hospital admission	
	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** 13 68 42  
**Outside Australia** +61 2 7230 5100



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**[hcf.com.au/health-insurance/overseas-visitors](https://hcf.com.au/health-insurance/overseas-visitors)**