

A decorative horizontal bar at the top of the page, below the HCF logo, features a series of colored squares in shades of teal, purple, and pink.

OVERSEAS VISITORS HEALTH COVER MEMBER GUIDE

January 2025



G'DAY WE'RE PLEASED TO MEET YOU

Wherever you've travelled from and no matter how long you plan to stay, we know you're going to love it here. After all, this is the country with so many beaches that if you were to visit a different one every day, it would take you over 25 years to see them all.

Australia's a special place but we understand it might feel very different to home. So to help you settle in, we've translated some uniquely Australian words for you.



10 AUSSIE WORDS EVERY VISITOR SHOULD KNOW

'STRAYA

The way many Aussies say 'Australia'.

THONGS

Thongs are sandals/flip-flops not underwear in 'Straya, so don't be alarmed if someone asks you to take them off before coming indoors.

NO WORRIES

What Aussies say when we mean 'yes, no problem'.

ARVO (ARH-VO)

What Aussies call the 'afternoon' for short.

AVO (A-VO)

Short for 'avocado' which you'll find on every café menu.

HOW'S IT GOING?

A way of asking 'How are you?'

CUPPA

A cup of tea or some other hot drink.

SEE YA LATER

The Aussie alternative to 'goodbye'.

BARBIE

A barbeque where you gather to talk and cook food, found in most Aussie households.

SHE'LL BE RIGHT

A way of saying 'everything will be ok' - 'she' refers to the situation, not a person.



USING YOUR MEMBERSHIP

We understand there's a lot to know about healthcare when moving to a new country. That's why we have a range of support and services available to help guide you.

USING THIS GUIDE

Click on each of the links on the right to learn more.



- 05** Using your membership
- 06** How we're putting your health first
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ACTIVATE YOUR ONLINE ACCOUNT



Step 1

Go to hcfvisitorhealthcover.com

Step 2

Click on **'Member login'** and activate your membership.

Step 3

Now your account is activated, you can use online member services to:

- check your policy details
- check how to claim
- find details of hospitals and extras providers in our network.

CALL US ON 13 68 42

GENERAL ENQUIRIES (PRESS 1)

To talk about:

- questions on your policy
- activating your membership
- changes to your policy such as payments or your level of cover.



24/7 HELPLINE (PRESS 2)

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*
- personal support like tax advice and legal services^.

* 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.

^ Members will be responsible for paying any fees charged by personal support service providers. HCF may refer you to third party providers when you use this service. If you decide to engage a provider, it'll be on the basis that HCF won't be responsible, and you won't hold HCF responsible, for any liability that may arise from that engagement.

If you need any assistance



13 68 42



Visit a location



ovhc_service@hcf.com.au

HOW WE'RE PUTTING YOUR HEALTH FIRST

Thanks for choosing us as your health fund. You've made the right decision.

24/7 HELPLINE

If you or your family need to find a doctor or hospital, or have questions about your health then call our 24/7 helpline on **13 68 42** (then press 2). Our friendly experts speak many different languages and are ready to assist you.



NATIONAL DOCTOR NETWORK

See a doctor (GP) in our large HCF network and if you're covered for doctor services you can get 100% back for the appointment.

To find one nearby call our 24/7 helpline on **13 68 42** (then press 2).



AUSTRALIA'S 3RD LARGEST HEALTH INSURER

We put over 2 million members at the heart of everything we do. We have the experience and knowledge to help you manage your health while you're in Australia.



GUIDING AUSTRALIANS IN HEALTH FOR OVER 90 YEARS

From navigating the health system to helpful tools and tips to stay healthy, we're here to make healthcare easy for you.



PRODUCTS TO COVER YOU ANYWHERE IN AUSTRALIA

- You'll still be covered as you travel around the country.
- All products include emergency ambulance transport to the nearest hospital across Australia (exclusions apply depending on your cover).
- Log in to **online member services** to check your details from anywhere.
- With store **locations** across Australia you can visit us if you need assistance.



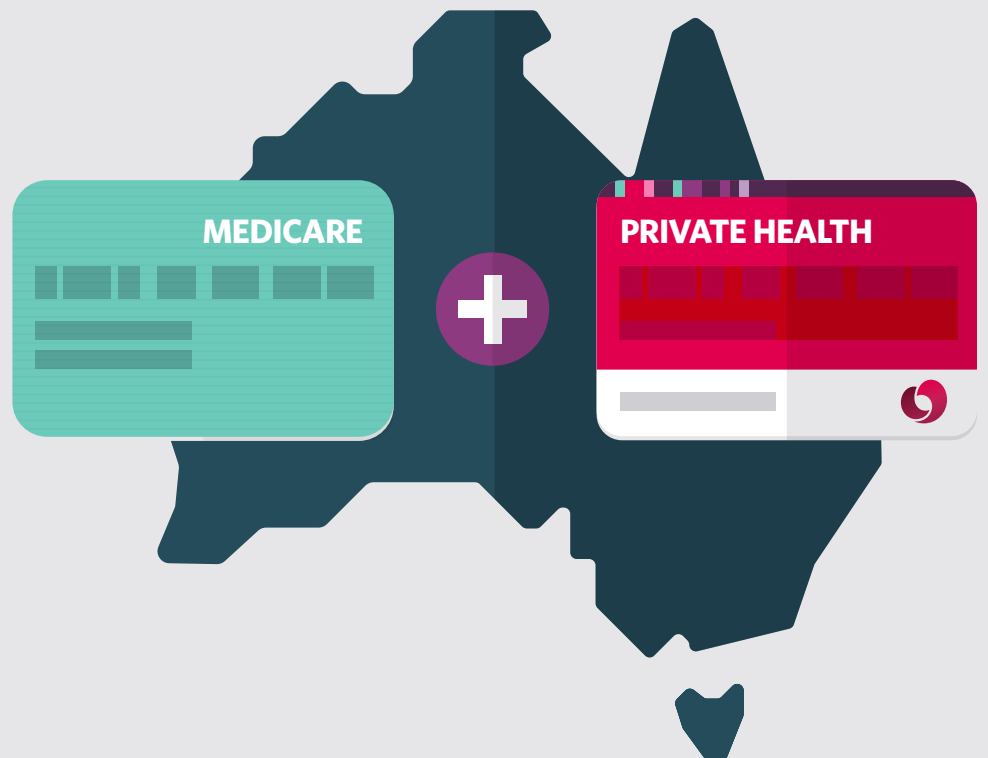
WE'LL HELP YOU PAY LESS

Our large network of private hospitals gives you greater choice and options to lower costs if you, or your loved ones, need hospital treatment.



AUSSIE HEALTHCARE EXPLAINED

We have a great medical system in Australia and HCF is here to help you understand how to use it. Australia's system is made up of 2 levels: government-funded Medicare and the private health system, where you pay for insurance. Together they work to give Australians better health experiences.



HOW DOES MEDICARE WORK?

Medicare is our public healthcare system and provides healthcare to all Australian residents. It offers residents in-hospital treatment at public hospitals at no cost and lowers the cost of some medical treatment outside of hospitals like blood tests and X-rays. Medicare is available to eligible visitors from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia.

It's worth knowing that even if you're eligible to use an RHCA, private health insurance is great for medically necessary care. Medicare doesn't cover treatment in private hospitals, ambulances and services like private dental treatment and physiotherapy. That's where HCF private health insurance comes in.

RECIPROCAL HEALTHCARE AGREEMENTS

To find out more, search for 'RHCA' on the Department of Human Services website humanservices.gov.au/medicare

PRIVATE HEALTHCARE

If you come from a country that doesn't have an RHCA with Australia, it's a good idea to take out private health insurance in case you need medical or hospital treatment while you're here, which could be very costly.

WHAT'S COVERED?

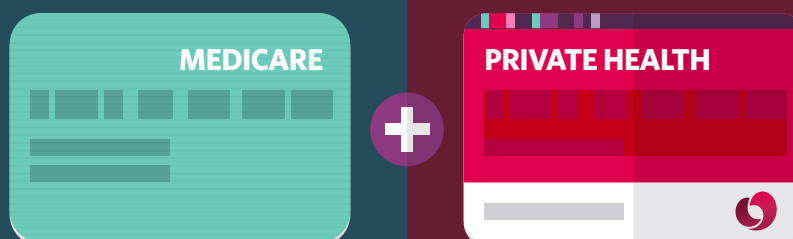
The private health system is made up of private health insurers like HCF, private hospitals and other health providers, like dentists and physiotherapists.

Your HCF Overseas Visitors Health Cover can be used for:

- emergency ambulance transport
- hospital treatment
- medical treatment
- a range of extras such as physiotherapy and dental work, depending on your level of cover.

The treatments and procedures you can claim for will depend on the level of insurance you choose. However, sometimes there will still be a 'gap' that you'll need to pay - see **page 15** for more about 'the gap'.

For more information check your policy or contact us and we'll talk you through it.



HEALTH INSURANCE WORDS

Some commonly used healthcare words and phrases explained.



Ambulance cover

Ambulance cover provides emergency on-the-spot treatment and transportation to the nearest hospital if you need further (emergency) treatment. Depending on your level of cover, it may also include transfers between hospitals.



Extras cover

Extras means services like dental treatment, physiotherapy, glasses and contact lenses, acupuncture, Chinese herbal medicine consultations and more. See [page 23](#) for more detail.



Benefit

The amount of money paid or payable to a member, or a recognised provider on behalf of the member, for approved services that you are entitled to under your Overseas Visitors Health Cover policy.



GP

A regular doctor (known as a General Practitioner or GP) is probably the first doctor you'll go to with any health issues you may have.



Claim

A request to be paid a benefit that is payable under your Overseas Visitors Health Cover.



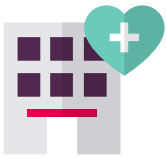
HCF network

Our HCF network is made up of doctors, specialists, hospitals and extras providers (for example, dentists or physiotherapists). Using the **HCF network** will help you avoid additional costs. Call us on **13 68 42** (then press 2) and we can help you find the right one and pay less.



Excess

An excess is the amount you have agreed to pay when you go to hospital, for a day admission or an overnight stay.



Hospital cover

Hospital cover means you can be treated as a private patient in a public or private hospital. It's important to know if you go to a private hospital that isn't in our network, or a public hospital, HCF may only pay a low level of benefits and you may have additional costs (gap payment). In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. Avoid these additional costs by going to a hospital in our **HCF network**. Call our 24/7 helpline on **13 68 42** (then press 2) to find a hospital in our network and pay less. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need



Inpatient

If you're admitted to hospital, either as a day or overnight patient, you're considered an 'inpatient'.



Medicare Benefits Schedule (MBS)

MBS is the standard set Medicare fee for your procedure. See **page 17** for more details on doctor fees.



Member

At HCF, we often use the word 'member' of our health fund. This is the same as being a 'customer'.



Outpatient

If you need treatment outside of hospital or are treated at a hospital and don't get admitted, you're an outpatient.



Pharmaceutical Benefits Scheme (PBS)

The PBS is an Australian Government scheme which subsidises the cost of approved medicines. HCF Overseas Visitors Health Cover includes benefits for medicines listed on the PBS. See more about PBS **here**.



Policyholder

A person who signed up to HCF and who manages the policy.



Prosthesis

An artificial substitute or replacement body part attached or applied to the body to replace a missing part, like a pacemaker, and is an item listed on the Australian Government-approved Prosthesis List.



The gap

If you go to a private hospital that isn't in our network, or a public hospital, you may have additional costs. In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. These costs are known as 'the gap'. It's important to call our 24/7 helpline first on **13 68 42** (then press 2) to help you pay less.



Waiting periods

This is the time you need to wait before you can claim for the services you're covered for. Waiting periods vary, depending on the type of service. See **page 21** for more detail.

FINDING A DOCTOR AND VISITING A HOSPITAL

HOW DO I FIND A DOCTOR?

In Australia, a regular doctor (known as a General Practitioner or 'GP', who is not a specialist doctor) is probably the first doctor you'll go to with any health issues you may have. To find a GP near you from the HCF network call our 24/7 helpline on **13 68 42** (then press 2).

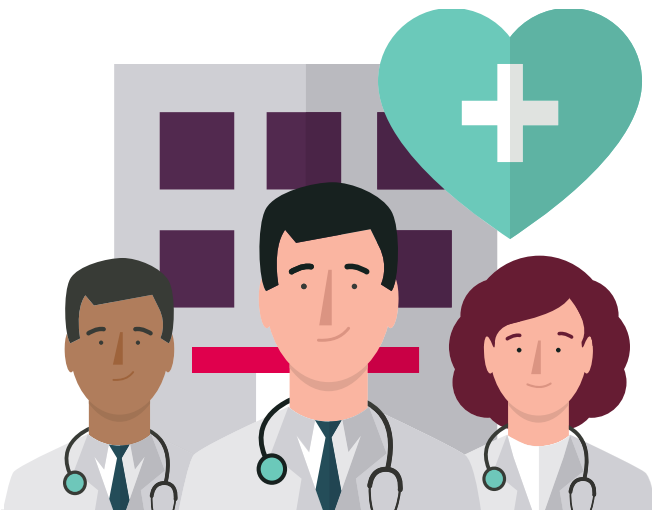
WHAT IF I NEED TO SEE A SPECIALIST DOCTOR?

If you need to see a specialist doctor (at a clinic), like a cardiologist, surgeon or dermatologist, your GP will refer you for treatment. Depending on what the specialist charges, there may be a cost to you.

If you need a hospital procedure, find a specialist in the HCF network and help you pay less, call our 24/7 helpline on **13 68 42** (then press 2) or **use our online search tool**.

WHAT IF I NEED TO GO TO HOSPITAL?

If you or a family member need to go into hospital for treatment please call our 24/7 helpline on **13 68 42** (then press 2) **before going for treatment**. We can help you find a hospital in the HCF network, prepare for hospital and check what you're covered for.



For help with choosing a hospital and doctor



13 68 42



Visit a location



ovhc_service@hcf.com.au

WHAT'S THE DIFFERENCE BETWEEN A PUBLIC AND PRIVATE HOSPITAL?

PUBLIC HOSPITAL

Public hospitals provide free of charge, or reduced cost, treatment to Australian residents and visitors who are from one of the countries that has a Reciprocal Health Care Agreement (RHCA) with Australia. If you're able to access treatment, through the RHCA, you won't be able to choose when you're treated and you may have to wait a long time, depending on the treatment you need. You also won't be able to choose the hospital or your preferred specialist as RHCA only covers medically necessary care.

If you go to a private hospital that isn't in our network, or a public hospital (and you can't access RHCA), you may have additional costs. In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. Make sure you call our 24/7 helpline on **13 68 42** (then press 2) or use our **online search tool** to find a hospital in the HCF network to avoid these additional costs. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

It's also important to ask the hospital what costs you're likely to have before you're treated, so you can understand what you'll have to pay.

PRIVATE HOSPITAL

Private hospitals are privately owned meaning that your costs aren't covered by the Australian Government. Benefits of choosing a private hospital can include shorter waiting times and being able to choose your specialist.

Private hospital - in the HCF hospital network

HCF has agreements with most private hospitals in Australia, and by going to one of these hospitals you can **avoid paying additional costs for your hospital stay**. To find a hospital in the HCF network use our **online search tool** or call our 24/7 helpline on **13 68 42** (then press 2).

Private hospital - not in the HCF hospital network

It's important to know that if you're treated in a private hospital that's not in the HCF hospital network you'll have to pay significant additional costs ('the gap'). In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars. See information on the gap on **page 15**.



WHAT IF I NEED TO GO TO AN EMERGENCY DEPARTMENT?

Emergency departments are where you would go if you're seriously hurt or sick and need urgent treatment. In Australia, we have emergency departments attached to both public and private hospitals.

The types of injuries or illnesses which you may need to attend an emergency department for treatment include:

- injuries from accidents or falls
- heart attack and stroke
- severe and unexplained pain
- problems with breathing or bleeding
- broken bones
- loss of consciousness
- worsening of a serious illness
- poisoning
- allergic reactions
- burns.

IMPORTANT INFORMATION

If you need to be taken to an emergency department in an ambulance, you'll most likely be taken to the nearest one that is attached to a public hospital. However, if possible and your need for urgent treatment allows, go to a private emergency department that's attached to a hospital in our network to help avoid extra costs.

It's important to go to a private emergency department where possible, and if your treatment allows, as your treating doctor may have you admitted into the hospital from the emergency department. Being admitted to a private hospital in the HCF network will help you avoid extra costs.

It's also important to note that in some instances, if you do go to a private hospital emergency department, and your condition is complex, the private hospital emergency department may not be able to treat you and you may be transferred to a public hospital emergency department.

If you're admitted into a public hospital, or private hospital that isn't in our network, HCF will only

pay a low level of benefit and you may have out-of-pocket additional costs. In some instances, the out-of-pocket cost can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars.

You can see the list of private emergency departments here or call our 24/7 helpline on **13 68 42** (then press 2). All private emergency departments listed are associated with private hospitals in our network. We recommend you check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

If you have a minor illness or injury that doesn't need urgent or emergency treatment, you can arrange an appointment with a GP during regular hours, or visit an after-hours medical centre. Make sure you call our 24/7 helpline on **13 68 42** (then press 2) to find a GP in the HCF network. If you visit a GP that isn't part of the HCF network, you might have to pay additional costs. Not all OVHC policies cover GP services, so check what your policy covers.

WHAT IF I NEED AN EMERGENCY AMBULANCE?

The first thing to do in an emergency is dial triple-zero (**000**) for an ambulance. All HCF Overseas Visitors Health Covers offer emergency ambulance services, which include on-the-spot treatment or emergency transportation to the nearest hospital able to provide the care you need. On some covers, you may also be able to claim for emergency transfers between hospitals to access the services you need.

WHAT'S NOT COVERED?

This all depends on your level of cover. Call us on **13 68 42** (then press 1) to discuss or refer to your product summary or the **Overseas Visitors Health Cover Fund Rules** for more information. Check if there are participating private hospitals in your area and if they provide emergency treatment or other services you may need.

AM I COVERED IF I TRAVEL WITHIN AUSTRALIA?

Yes, you're covered anywhere in Australia. If you're moving to a different state permanently, call us on **13 68 42** (then press 1) to change your contact details.

AM I COVERED IF I TRAVEL OVERSEAS?

No, you're only covered while you're in Australia. We recommend getting travel insurance whenever you travel overseas.

IF I TRAVEL OVERSEAS CAN I SUSPEND MY POLICY?

No, you can't suspend your Overseas Visitors Health Cover.

AM I COVERED FOR HOSPITAL IN THE HOME (HITH)?

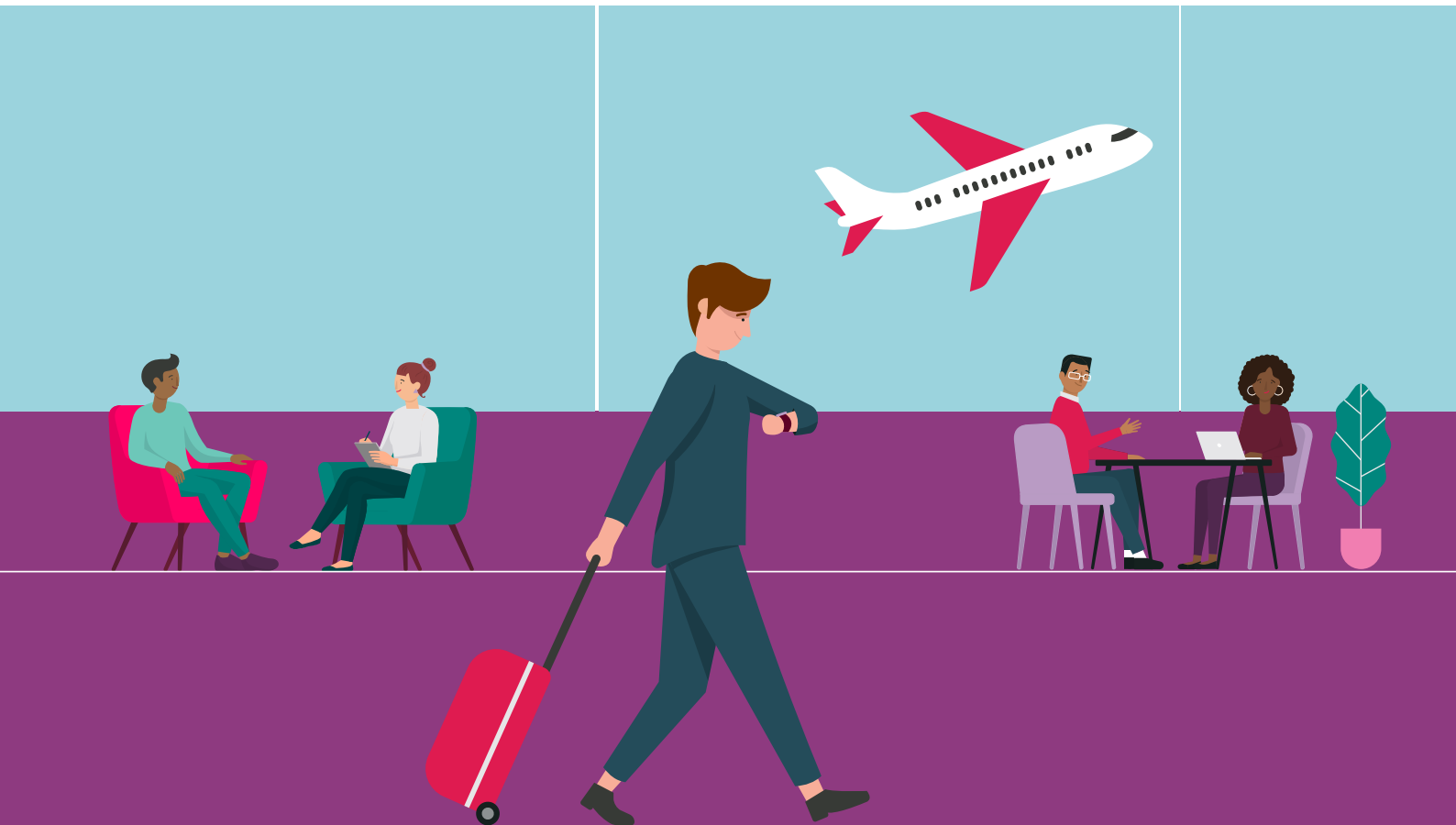
For Visa Compliant cover:

Yes, if there's Gazetted Rate for public hospital and Contracted Rate for private hospital and if the services/conditions are covered on your product.

For Non-Visa Compliant cover:

No, for public hospital.

Yes, if there's Contracted Rate for private hospital and if the services/conditions are covered on your product.

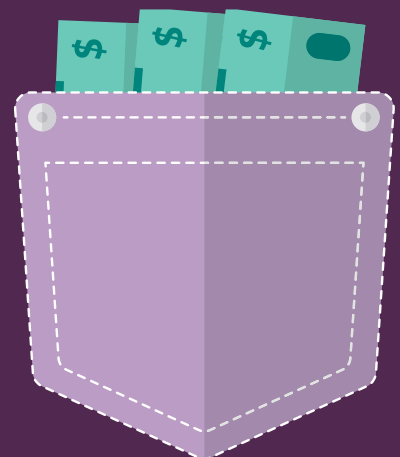


HOW TO AVOID THE GAP PAYMENT

If you go to a doctor or private hospital that isn't in our network, or a public hospital (and you can't access Reciprocal Healthcare Agreements) you may have large additional costs. In some instances the out-of-pocket costs can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars.

These additional costs, not covered by your HCF Overseas Visitors Health Cover, are known as 'the gap'. Going to a hospital, GP or specialist in the HCF network can help you minimise or avoid a gap payment.

So it's important to always call our 24/7 helpline first on **13 68 42** (then press 2) or use our **online search tool** to make sure you'll pay less.



WHAT IS NO GAP AND KNOWN GAP?

Doctors who are part of the HCF network can choose to treat you in hospital with 'No Gap', or a 'Known Gap': No Gap means you shouldn't have to pay any extra costs for treatment by that doctor. Known Gap means you could pay up to \$500 per doctor for your treatment. This is known as HCF's No Gap and Known Gap arrangement.

It's the decision of the individual doctor to participate in HCF's No Gap and Known Gap arrangement for your hospital treatment, so ask them if there'll be any extra costs to pay before you start treatment. And if there is a gap your doctor should ask for your consent before treating you.

It's important to always call our 24/7 helpline first on **13 68 42** (then press 2) to make sure you'll pay less.

HOW HCF NO GAP AND KNOWN GAP ARRANGEMENT WORKS

A doctor must first choose whether they're a No Gap or a Known Gap provider — they can't be both. If your doctor is registered with HCF as a No Gap provider and chooses to participate for your procedure, you'll have no medical gap to pay for their services at a hospital in the HCF network.

If your doctor is registered with HCF as a Known Gap provider and chooses to participate, your out-of-pocket costs (medical gap) should be capped at \$500 for all their services related to your admission at a hospital in the HCF network. We recommend that you check what the providers services are capped at.

Always ask your doctor if they participate in HCF's No Gap or Known Gap arrangement, before your hospital admission. Remember if you will incur any out-of-pocket costs (medical

gap) the doctor/s should let you know before any treatment. You'll also need to find out which other doctors may be involved and whether they will participate in No Gap or Known Gap treatment.

To find a specialist doctor near you from the HCF network, or to ask any questions call our 24/7 helpline on **13 68 42** (then press 2).

PROSTHESES

Government-approved prostheses (artificial body parts) that have been surgically implanted are covered by your Overseas Visitors Health Cover. If a government-approved gap-permitted prosthesis item is used, you may have to pay the gap. Ask your doctor which prosthesis is best for you and if the No Gap option is available.

CALL US 24/7 BEFORE YOU GO TO A DOCTOR OR HOSPITAL

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline and our team of experts will connect you with the right healthcare service.

 **13 68 42**

Call our 24/7 helpline then press 2



HOW TO AVOID GAP PAYMENTS

Here are some examples of how much you may have to pay, depending on your level of cover.

MBS ONLY

For specialist and non-HCF network doctor consultations, as well as for pathology and radiology, such as blood tests, scans and X-rays*, we cover 100% of the Medical Benefits Schedule (MBS).

If the doctor only charges the MBS fee, there's no gap payment.

You pay:

\$0

NO GAP

Specialists who are part of the HCF network can choose to treat you in hospital with No Gap. This means you shouldn't have to pay any extra costs for treatment by that doctor.

You pay:

\$0

KNOWN GAP

Specialists who are part of the HCF network can choose to treat you in hospital with Known Gap. This means you could pay up to \$500 per specialist for your treatment.

You pay:

Up to a maximum of

\$500

per admission per specialist.

DOCTOR DOESN'T USE HCF NO GAP OR KNOWN GAP FOR YOUR TREATMENT IN HOSPITAL

If the specialist is not part of the HCF network, or they are but decide not to treat you through the No Gap or Known Gap arrangement, there'll be a gap payment. Make sure you understand the costs before you have treatment.

You pay:

UNCAPPED AMOUNT

The difference between MBS fee and doctor's charge, likely to be a large amount.

The Australian Government Medicare Benefits Schedule (MBS) fee is the standard set Medicare fee for your procedure.

PLEASE NOTE

This relates only to the medical services when you've been admitted to hospital – you may have to pay an excess or other costs associated with your hospital stay.

* 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.

HOW TO CLAIM

Once you've paid for your treatment or consult it's time to claim your money back. Here's how:

1

MAKE SURE YOU'RE COVERED AND HAVE SERVED YOUR WAITING PERIODS

You'll find information about your cover and waiting periods in the product summary of the cover you chose. You can find this in the welcome email we sent you, or by logging in to **online member services**. Remember that you can call us on **13 68 42** (in Australia) or **+61 2 7230 5100** (outside Australia) with any questions.

2

GET YOUR RECEIPT OR INVOICE READY

Ask your healthcare provider to include a complete description of the service in your invoice or receipt, including:

- your full name (or name of the person on your policy who received the treatment/service)
- the healthcare provider's full details
- the cost of each service received (if more than one)
- the date of each service received
- item number/s and description of each service received.

3

COMPLETE THE CLAIM FORM

Complete the relevant **HCF claim form**. See the next page for details on which forms you need to complete and make sure you sign it.

4

SUBMIT THE CLAIM

When you're ready, you can claim by emailing your claim to **ovhc_service@hcf.com.au** or taking it to one of our **locations**. Remember to send the claim form with the invoices or receipts from your healthcare provider. Call us on **13 68 42** if you need help with completing your claim.

PLEASE NOTE

- You must be covered for the goods or service/s provided.
- You must have served the relevant waiting period.
- Your premiums must be paid up to the date of service for you to claim.
- You can't claim for goods or a service before it has been provided to you.
- Claims must be lodged within 2 years of the date on which the service was provided.
- The members listed on the policy must sign the claim form.
- A dependant aged 18-22 years old can claim and sign for their own services received.
- Your healthcare provider must be recognised by HCF.

SUBMITTING A CLAIM

FOR DOCTOR'S BILLS

After visiting a GP or specialist

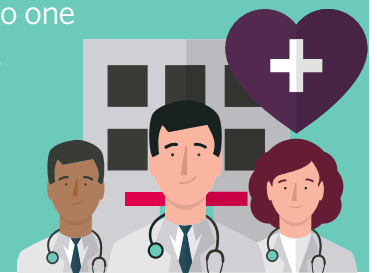
- When you visit a GP or a specialist, you'll need to pay the fees upfront after your visit. To claim, you'll need to **email** us the receipt and a completed claim form or take both to one of our **locations**.
- If you've chosen a GP from the HCF network, we'll pay 100% of the fees charged.
- If you see a GP outside of our network or any specialist, we'll cover up to 100% of the MBS fee (see **page 17**). This is unlikely to cover the full amount of the fees charged.

AFTER TREATMENT IN HOSPITAL

- If you've chosen a specialist from the HCF network it's easy, all bills should come straight to us from the doctor so you shouldn't need to do anything.
- If you've already paid your doctor's bill or it's sent to you, you'll need to forward us the bill and the claim form by **email** or take it to one of our **locations**.

FOR HOSPITAL BILLS

- If you've been to a hospital from the HCF network it's easy, all bills should come straight to us from the hospital, so you won't need to do anything.
- If you were in hospital and paid the costs yourself, or are sent a bill, you and the hospital need to complete a **National Hospital Claim Form**. Please send the completed claim form and your bills/receipts by **email** or take it to one of our **locations**.



If you need any help with your membership

 **13 68 42**

 **Visit a location**

 **ovhc_service@hcf.com.au**

WAITING PERIODS EXPLAINED

When you first get HCF Overseas Visitors Health Cover, or change your level of cover, you'll have waiting periods. This is the time you need to wait before you can claim for the services you're covered for. Waiting periods depend on the treatment and if your illness or condition was pre-existing (see [page 21](#)).



Waiting periods are between 2 and 12 months. At the end of the waiting period you'll be able to have your treatment and claim the cost with HCF.

To learn more about your waiting periods log in to **online member services** and check your policy details or call us on **13 68 42** (then press 1).

WHAT'S A PRE-EXISTING AILMENT OR CONDITION?

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

If it's unclear whether your ailment or condition is pre-existing, we will appoint a medical practitioner to review any information provided by your doctor, and any other details relevant to your claim, who will be able to decide.

WAITING PERIODS

IN HOSPITAL AND OUT OF HOSPITAL

| SERVICE | VISA COMPLIANT | NON-VISA COMPLIANT |
|---|---|---|
| | BASIC, MID, TOP AND TOP PLUS | SHORT STAY, ESSENTIALS, ESSENTIALS PLUS |
| Psychiatric, rehabilitation and palliative care | 2 months | No waiting period for rehabilitation and palliative care unless pre-existing condition on Essentials and Essentials Plus. Psychiatric not covered on Short Stay, Essential and Essential Plus. Pre-existing not covered on Short Stay |
| Obstetrics | 12 months | Not covered |
| Pre-existing conditions | 12 months | 12 months (not covered on Short Stay) |
| Outpatient PBS Scripts | 2 months (only covered if part of discharge on Basic & Mid) | 2 months (only covered if part of discharge on Short Stay) |

EXTRAS (DEPENDING ON YOUR COVER)

| SERVICE | TIME |
|-------------------------------------|-----------|
| Crowns and bridges | 12 months |
| Dental implants | |
| Dentures | |
| Endodontics | |
| Foot orthotics | |
| Indirect fillings | |
| Occlusal therapy | |
| Orthodontics | |
| Periodontics | |
| Surgical extractions (oral surgery) | |
| Veneers | 2 months |
| All other extras services | |

HCF doesn't cover some services on Top and Top Plus extras packaged products. There'll be no benefits payable for:

- occupational therapy
- audiology
- speech pathology
- Alexander technique
- hearing aids, artificial aids
- health management programs
- School Accident Benefit
- nutrition consultations
- naturopathy.

GET 100% BACK ON POPULAR EXTRAS

If your level of cover includes extras you can get 100% back* at providers in our network for services like dental check-ups and a first visit with a physiotherapist, chiropractor or osteopath.



1

CHECK YOUR COVER

To check the benefits included on your cover:

- Log in to **online member services**
- call **13 68 42** (in Australia) or **+61 2 7230 5100** (outside Australia).



2

CHECK YOU'VE SERVED YOUR WAITING PERIODS

The services on the next page have a 2 month waiting period.



3

USING PROVIDERS FROM THE HCF NETWORK WILL HELP YOU PAY LESS

Call our 24/7 helpline on **13 68 42** (then press 2) to find a provider in the HCF network. You may be able to claim on the spot using your membership card.






* Depends on your cover, annual limits and waiting periods.

GET 100% BACK ON POPULAR EXTRAS

Depending on your cover and annual limits, you could get 100% back at extras providers in our network*, including:

REMEMBER TO USE OUR NETWORK

You can only claim for services from providers recognised by HCF. Use our search tool at hcf.com.au/findaprovider to be confident you're choosing from one of the 12,000 providers in our network.

| |
|---|
| <p>DENTAL</p> <p>1 or 2 dental check-ups a year.</p>  |
| <p>EYECARE</p> <p>A pair of prescription glasses from a selected range^ and free digital retinal imaging with your eye test.</p>  |
| <p>PHYSIO, CHIRO AND OSTEO</p> <p>A first visit to a physio, chiro or osteo+.</p>  |
| <p>PODIATRIST</p> <p>A first visit to a podiatrist+.</p>  |



* 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

^ Add-ons like coating and high index material aren't included.

+ First visit is for new and eligible health conditions and flare-ups where no treatment has been given in the previous 90 days.

ADDITIONAL INFORMATION

ORTHODONTICS

Orthodontics is a branch of dentistry concerned with the diagnosis, prevention and treatment of problems with alignment of the teeth and jaws. This includes things like braces and retainers, or changing jaw shape. Orthodontic benefits have a lifetime limit and an annual limit depending on your level of cover. Clear aligners that aren't physically fitted and supplied by a recognised dentist or orthodontist face-to-face aren't covered.

Having orthodontic work?

Always check with us before receiving any orthodontic work. Call us on **13 68 42** (then press 1) and we'll let you know what you're covered for.

RECOGNISED PROVIDER

HCF has a list of recognised providers – hospitals, doctors and providers of other treatments like physiotherapy or natural therapies. You can only claim costs back from recognised providers. Call our 24/7 helpline on **13 68 42** (then press 2) to find a recognised provider.

HOSPITAL CLAIMS

You may be able to claim for the following hospital related expenses, depending on your level of cover and which hospital you go to:

- overnight and same day accommodation charges (including critical care), less any applicable excess
- operating theatre and labour ward charges, less any applicable excess (not claimable where only minimum benefits is payable or for services not covered)
- medicines provided in hospital that are directly associated with your reason for admission and are consumed in the hospital (excluding experimental and non-PBS drugs)
- surgically implanted Prostheses (artificial body parts) and human tissue items that are on the government-approved Prostheses List (not claimable for services not covered)
- emergency ambulance transportation to the nearest hospital able to provide the treatment required, from any location except a medical facility or hospital. Under visa compliant cover, emergency ambulance transfer between hospitals will be covered if it's necessary because the original admitting hospital doesn't have the required clinical facilities.
- medical gap.

When it's time for you to leave hospital, please read the claim form carefully and answer the questions before you sign. If it's a hospital in our network they'll send us a bill to pay on your behalf. Remember, if you go to a private or public hospital not in our network you could have significant additional expenses. In some instances this can be significant, and depending on the cover chosen, treatment and length of stay could be up to tens or hundreds of thousands of dollars.

If your policy requires you to pay an excess, you'll need to pay to the hospital directly. This usually occurs at the time of admission, however, check with your hospital to make sure.

AMBULANCE CLAIMS

Overseas Visitors Health Cover includes cover for emergency ambulance services provided by state government Ambulance Service Providers, to the nearest hospital from any location except from a medical facility or a hospital.

Under visa compliant cover, emergency ambulance transfer between hospitals will be covered if it's necessary because the original admitting hospital doesn't have the required clinical facilities.

THIRD PARTY AND COMPENSATION CLAIMS

Overseas Visitors Health Cover does not include benefits for claims related to damages or compensation you are entitled to from another insurer or party, such as personal injury, third party compensation (for example, from

a car accident) or workers compensation (for workplace accidents).

VISA CONDITION 8501

Overseas Visitors Health Cover may be a requirement for your visa which is known as condition 8501. If it's a condition of your visa make sure you have joined on one of our visa-compliant covers. If you joined a visa-compliant cover your welcome email included the letter you need for the Department of Home Affairs. We won't be able to give you this letter if you've chosen non-visa compliant cover and this cover won't be right for you if you need to have health insurance as a condition of your visa.

If you're unsure about your visa requirements visit the **Department of Home Affairs** website.



MANAGING YOUR ACCOUNT

MEDICARE LEVY SURCHARGE

If you're eligible for any Medicare services under an RHCA and earn over \$97,000 per year, you may be subject to the Medicare Levy Surcharge (MLS), an additional Australian taxation levy that helps fund Medicare.

Overseas Visitors Health Cover will not exempt you from the MLS, however, you may like to combine your overseas cover with another of our products which will. Call us on **13 68 42** (then press 1) to find out more.

MANAGING YOUR ACCOUNT

CHANGE YOUR DETAILS

If your contact or payment details change, please tell us by:

Phone: **13 68 42**

Email: **ovhc_service@hcf.com.au**

In person: We have HCF locations around Australia, **find your nearest location**.

LOST YOUR CARD

Once you've activated your membership and on your arrival in Australia, you'll receive your membership cards in the mail. If you lose your card get in touch with us.

CHANGE YOUR COVER

If you want to change your level of cover, call us on **13 68 42** (then press 1), email **ovhc_service@hcf.com.au** or visit us at **one of our locations**.

The change will activate on the date your application is received by HCF or the date you select. If your new cover gives new or higher

benefits, or a lower excess, waiting periods, including the pre-existing condition rule, will apply.

FUND RULES

All members on the policy should be aware of and adhere to the **Overseas Visitors Health Cover Fund Rules**, which details the rules that apply to your HCF membership.

MANAGING YOUR PAYMENTS

CONVENIENT WAYS TO PAY

- Direct debit via your credit card or an Australian bank account.
- Phone **13 68 42**.

WHAT IF I FALL BEHIND IN MY PAYMENTS?

Your payments must be paid in advance. If your payments are more than 30 or 60 days in arrears (depending on your cover), your membership will automatically stop and you'll no longer be covered. If you decide to re-join, the normal waiting periods will apply, including the pre-existing condition rule (there will be no continuity). For more info see the **Overseas Visitors Health Cover Fund Rules** or call us on **13 68 42**.

DIRECT DEBIT SERVICE AGREEMENT

The Direct Debit Customer Service Agreement applies when you pay your premiums using a direct debit facility with your bank, building society or credit union. The agreement details your rights and responsibilities when undertaking a direct debit arrangement with us. We guarantee to abide by this service agreement so that a trusting relationship is maintained between us and you.

Please read these direct debit terms and conditions carefully.

CANCELLING YOUR COVER

If you want to cancel your cover, call us on **13 68 42**, email a completed **OVHC Cancellation form** or visit us at **one of our locations**.

The cancellation will take effect the day you leave the country, or the day you contact HCF whichever is the later date. Please note only the policy holder or authorised third party can cancel the cover.

If you decide to re-join, the normal waiting periods will apply, including the pre-existing condition rule. For more info see the **Overseas Visitors Health Cover Fund Rules** or call us on **13 68 42**.

REFUNDS

If you cancel your cover, we'll refund any payments you made in advance, except the first month which is non-refundable. Refunds will be calculated based on the date HCF was contacted or the date of the last claim, whichever is later. We'll return back any applicable refunds to the original debiting facility. For more info see the **Overseas Visitors Health Cover Fund Rules** or call us on **13 68 42**.

SUSPENSIONS

Overseas Visitors Health Cover policies can't be suspended. If you're leaving Australia you'll need to cancel your cover. See the section above on how to cancel.

AUTHORISED THIRD PARTY

Only the policyholder can authorise a third party to have access to the membership. This includes providing access to make changes like removing someone from the policy, changing payment details, lowering the level of cover and cancelling the cover.

If you want to choose someone on the policy to have the same access as you, complete and submit an **Authority Form**. For more info see the **Overseas Visitors Health Cover Fund Rules** or call us on **13 68 42**.

HOW WE PROTECT YOUR RIGHTS

OUR PRIVACY STATEMENT

This statement applies to the collection and processing of your personal information by or on behalf of the HCF group of companies, being The Hospitals Contribution Fund of Australia Limited, HCF Life Insurance Company Pty Ltd, Manchester Unity Australia Ltd, HCF Research Foundation Limited, Treytell Pty Limited, HCF Pty Limited and HCF Nominees Pty Ltd.

HCF is committed to best practice privacy protection.

We collect your personal information including sensitive information such as health information from you and/or the policyholder who is responsible for your policy and/or from other third parties detailed in our Privacy Policy, so we can use and process it as follows:

Under a legal obligation

We may use and process your information to comply with applicable laws.

In connection with our legitimate interests in carrying on our business

We may use your information for our legitimate interest in:

- managing our relationship with you
- recording your treatment
- researching and developing products, services and benefits that may better serve your needs
- running competitions and promotions
- assessing your possible interest in, and tell you about such products and services
- administering our business and deal with complaints.

To perform our contract with you and respond to your related requests

We may use and process your information under our contract with you to:

- provide health or other insurance, related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your insurance, health and related lifestyle needs investigate fraudulent or improper claims and assess risks.

We will only collect and process sensitive information with your explicit consent.

All of your personal information is collected by HCF in Australia from you. Your personal information is not transferred out of EEA at this point.

We may share or disclose your personal information to third parties or individuals, some of which may be located overseas, including:

- to the policyholder, if you are a dependant or another member (e.g. partner or children) on the policy, for the purposes of your HCF membership. Our contract with the policyholder requires us to have full and free communication with the policyholder on all aspects of the policy, including the benefits claimed by any member under the policy
- to organisations that deliver services on our behalf or to us, such as third parties that we contract to assess or process claims, administer programs that we develop for the benefit of members, research companies

contracted by us (to ask your opinions on improving the Group's service, benefits or product offerings) and mailing houses

- other service providers, for example, our advisors
- between companies within the HCF group of companies
- fraud prevention agencies, government bodies and regulators including law enforcement bodies such as the police, professional associations and industry bodies
- health service providers (where it is used to improve their ability to provide you with health services)
- other insurers or reinsurers including other health insurers where you have moved your insurance to or from HCF
- where disclosure is otherwise authorised or required by or under an Australian law or court/tribunal order.

We do not normally give personal information about you to anyone who is not on your membership. You will need to give us written permission if you want someone who is not covered by your membership, such as a friend or carer, to deal with us on your behalf.

If you do not provide the personal information we request, we may not be able to provide you with our products or services, including health insurance.

You can ask us at any time to stop direct marketing to you without detriment by calling **13 68 42** or **email us**.

For more information about the personal information we collect, how we process and store it, how to access and correct your information or to make a complaint, to exercise your rights under applicable privacy laws, and how we will respond to complaints, please read our Privacy Policy. You have the right to make

a complaint to the relevant data protection authority (for example in the place you reside or where you believe we breached your rights). If you have any concerns or queries about privacy, you can visit an HCF location, call **13 68 42** or **email** our Privacy Officer.

We will do our best to resolve your complaint as quickly as possible. For the purposes of the GDPR, HCF is a data controller for our website and services provided through our website.

View the **HCF Privacy Policy** online or visit **your nearest location**.

All new policyholders should ensure that all members on the policy are made aware of the HCF Privacy Policy.

CHANGES TO COVERS AND PRICING

Please read and keep this guide for future reference. We reserve the right to make changes to prices, cover specifications and other conditions relating to our covers. Please contact us prior to purchasing any covers or health services to make sure that you have the latest information available.

PRIVATE HEALTH INSURANCE CODE OF CONDUCT

The Private Health Insurance Code of Conduct's aim is to improve the standards of practice and service in the private health insurance industry.

We support this by ensuring you:

- receive correct information about private health insurance
- are aware of the internal and external dispute resolution procedures
- can make an informed decision about your purchase
- you're protected in accordance with the privacy principles.

See the full **copy of the code**.



PRIVATE PATIENTS HOSPITAL CHARTER

We also support the Private Patients Hospital Charter, which outlines what members can expect from doctors, hospitals and their health fund.

For more information visit the **Private Health Insurance section** or call the Department of Health on **1800 020 103**.

HAVE A COMPLAINT?

If there's a problem with your health cover, claims or any other matters to do with your experience with HCF, call us on **13 68 42** so we can assist as quickly as possible.

If your complaint isn't dealt with satisfactorily, you can contact the Private Health Insurance Commonwealth Ombudsman (an ombudsman is an independent body formed to help resolve complaints and provide advice and information).

Private Health Insurance Commonwealth Ombudsman

Call: **1300 362 072**

Visit: **ombudsman.gov.au**

Post: Private Health Insurance Ombudsman,
Commonwealth Ombudsman,
GPO Box 442, Canberra, ACT, 2601

THANKS FOR CHOOSING HCF WE PUT OUR MEMBERS BEFORE PROFIT

The Hospital Contribution Fund of Australia Ltd
ABN 68 000 026 746 AFSL 241 414

HCF House: 403 George Street, Sydney NSW 2000

hcfvisitorhealthcover.com

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

 hcfvisitorhealthcover.com

 [Visit a location](#)

 ovhc_service@hcf.com.au