

BASIC HOSPITAL PRODUCT SUMMARY

Basic hospital cover designed for the healthy and budget conscious.

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>NO EXCESS FOR KIDS OR FOR ACCIDENT RELATED TREATMENT</p> 	<p>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</p> <p>If they become involuntarily unemployed*</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 
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HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250 or \$500 excess
- ✓ Cover for digestive disorder procedures, removal of tonsils and appendix and more
- ✓ Ambulance cover in emergencies



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

BASIC HOSPITAL

KEY FEATURES	
Excess options (per person per calendar year)	\$250 or \$500
No excess for kids	✓
No excess for Accident related treatment	✓
Available without extras cover	Yes

EXAMPLES OF WHAT'S COVERED - INCLUDES ACCOMMODATION, OPERATING THEATRE, INTENSIVE CARE, GOVERNMENT APPROVED PROSTHESES, PHARMACEUTICALS (EXCLUDING EXPERIMENTAL AND HIGH COST NON PBS DRUGS) AND PHYSIOTHERAPY AS PART OF YOUR COVERED ADMISSION AT A HCF PARTICIPATING PRIVATE HOSPITAL.

Emergency ambulance	✓
Accident Safeguard - services that are Excluded Services or Minimum Benefit services listed in this table will be treated as covered services in the event of an Accident that occurs after joining. Excludes elective cosmetic surgery and podiatric surgery. Conditions apply. See hcf.com.au/accident-safeguard	✓
Removal of tonsils, adenoids, appendix	✓
Surgical treatment of a hernia	✓
Removal of kidney stones and gall stones	✓
Digestive disorder procedures (e.g. bowel surgery)	✓
Cancer related services (e.g. chemotherapy)	✓
Heart surgery including diagnostic and therapeutic cardiac procedures	✗
Spinal surgery	✗
Cochlear implant surgery and bone anchored hearing devices [^]	✗
Insulin pump treatments [#]	✗
Care involving dialysis for chronic renal failure	✗
Rehabilitation	MB
Psychiatric treatment	MB
Gastric banding and obesity surgery	✗
Assisted reproductive services (e.g. IVF, GIFT)	✗
Pregnancy and birth related services	✗
Joint investigations and reconstructions	✓
Joint replacements and revisions (e.g. hip replacements, knee replacements)	✗
Cataract and other lens related surgery	✗
Sterilisation	✗
Elective cosmetic surgery	✗
Podiatric surgery by an accredited podiatrist	✗
All other in-hospital services where a Medicare benefit is payable	✓

[^] Includes associated speech and sound processors including upgrades.

[#] Certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

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.

'THE GAP' WHEN YOU GO TO HOSPITAL

If you go to a hospital that is not a HCF Participating Hospital, you may face large out-of-pocket expenses. It is important to obtain 'informed financial consent' from the hospital to find out whether you will have to pay any gaps to the hospital. It is also important to contact HCF prior to any hospital admission.

You might also have to pay a gap to your surgeon or other doctors that treat you while you're in hospital. Although Medicare and HCF pay your doctors' charges up to the Medicare fee, your doctor may charge more than the Medicare fee which creates a 'medical gap'. HCF has a 'Medicover' arrangement in place where some doctors agree to charge no medical gap or a reduced gap. Before you go to hospital, ask your doctor/s about their charges and if they'll participate in HCF's Medicover arrangement for your procedure.

PREGNANCY AND BIRTH RELATED SERVICES

To be covered for pregnancy and birth related (obstetrics) services in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes obstetrics 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 at least two months prior to the birth of your child to ensure your baby is covered.

MB MINIMUM BENEFITS

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. When Accident Safeguard applies, you will receive the same Benefits as those for Covered Services.

✗ EXCLUDED SERVICES

These services are excluded from your cover. No benefits are payable for any treatment related to the excluded service. If multiple services are provided during an episode of treatment which includes an excluded service, no benefits are payable for the entire episode. When Accident Safeguard applies, you will receive the same Benefits as those for Covered Services. Always check with HCF to see if you're covered before going to hospital.

THINGS YOU NEED TO KNOW

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

HOSPITAL WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Psychiatric treatment, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to Premium Hospital to receive psychiatric treatment as covered services may not be required to serve the waiting period for psychiatric treatment. This exemption can only be accessed once in a member's lifetime.
12 MONTHS	Pregnancy and birth related services. Pre-existing Conditions (excluding psychiatric treatment, rehabilitation and palliative care).
2 MONTHS	All other hospital services, including Accident related treatment.

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 psychiatric treatment, 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.

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.