






HCF MY FAMILY SILVER PLUS PRODUCT SUMMARY

Affordable hospital cover packaged with flexible extras. Designed for growing families who want pregnancy cover and a range of extras services and therapies.

FEATURES

<p>HOSPITAL COVER FOR PREGNANCY AND BIRTH</p> 	<p>FLEXIBLE EXTRAS LIMITS</p> <p>Flexible single limit per person per year lets you choose how you use your extras*</p> 	<p>EXTRAS INCLUDE ANTENATAL & POSTNATAL SERVICES</p> <p>to support your pregnancy journey</p> 	<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>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY*</p> 
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HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess. No excess for kids or accident related treatment
- ✓ Affordable hospital cover including pregnancy and birth
- ✓ Covers back, neck and spine procedures, joint reconstructions, tonsils, adenoids and grommets procedures and more
- ✓ Ambulance cover in emergencies

EXTRAS INCLUDES:

- ✓ Flexible \$800 combined limit plus \$200 optical limit
- ✓ Services to suit your family's needs including dental, optical, dietetics and a range of therapies
- ✓ Benefits on HCF-approved antenatal and postnatal services, including childbirth education classes, breastfeeding consultations, breastfeeding support services provided by the Australian Breastfeeding Association, pregnancy compression garments, antenatal and postnatal group physio classes and pelvic floor physio
- ✓ Claim on a range of HCF-approved Health Management Programs including learn to swim courses, weight management programs and gym membership fees for specific health conditions

GET 100% BACK ON:~

- ✓ 2 dental check-ups, 2 scale and cleans and a fluoride treatment through *More for Teeth* providers
- ✓ Prescription glasses[#] and a free digital retinal imaging with your eye test through *More for Eyes* providers

+ Excludes optical which is a separate additional limit of \$200.
[∞] 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
^{*} When you travel at least 200km round trip. Other terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more
⁻ At participating providers, subject to your cover and annual limits. Exclusions apply. To find out more, visit hcf.com.au/100back
[#] Excludes add-ons such as high index material coatings and tinting.



HCF MY FAMILY SILVER PLUS HOSPITAL

KEY FEATURES	
Excess options (per person per calendar year)	\$250, \$500 or \$750
No excess for kids	✓
No excess for Accident-related treatment	✓
Travel and accommodation benefit*	✓
Available without extras cover	No

THIS POLICY INCLUDES COVER FOR:
Emergency ambulance
Accident Safeguard - services that are not included or have Restricted Cover will be treated as covered services in the event of an Accident that occurs after joining. Does not include podiatric surgery. Conditions apply. See hcf.com.au/accident-safeguard
Rehabilitation
Palliative care
Brain and nervous system e.g. stroke, brain or spinal cord tumours
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets
Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer
Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments
Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids
Hernia and appendix e.g. hernia operations and appendicitis
Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Miscarriage and termination of pregnancy
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections
Heart and vascular system e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls
Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest
Blood e.g. blood clotting disorders and bone marrow transplants
Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma
Dental surgery e.g. surgery to remove wisdom teeth and dental implant surgery
Podiatric surgery (provided by a registered podiatric surgeon)[∞]
Implantation of hearing devices[^]
Pregnancy and birth
Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:

Hospital psychiatric services

THIS POLICY DOES NOT INCLUDE COVER FOR:

Cataracts

Joint replacements

Dialysis for chronic kidney failure

Assisted reproductive services

Weight loss surgery

Insulin pumps #

Pain management with device

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 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.

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.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services, except in the case of Accident Safeguard. Always check with us to see if you're covered before going to hospital.

[∞] 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.

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

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

HCF MY FAMILY SILVER PLUS EXTRAS

TREATMENTS COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)		
OPTICAL	Glasses and contact lenses	Spectacle frames	\$115	2 months	\$200		
		Spectacle lenses - pair	\$140				
		Contact lenses - pair	\$140				
GENERAL DENTAL	Diagnostic and preventative	Examinations	\$32 - \$73	2 months	\$800 combined limit		
		Removal of plaque/calculus	\$36 - \$62				
		Application of fluoride	\$27				
		Single film X-rays (service limits apply)	\$29				
Simple fillings	Direct fillings	\$85 - \$177	2 months	\$800 combined limit			
Tooth extractions	Simple extractions	\$95 - \$143					
MAJOR DENTAL	Oral surgery	Surgical extractions	\$157 - \$250			12 months	\$800 combined limit
	Complex fillings	Indirect fillings	\$298 - \$600				
	Periodontics	Treatment of tissue surrounding teeth	\$23 - \$374				
	Endodontics	Treatment of root canals	\$27 - \$248				
	Crowns and bridges	Placing of crowns and bridges	\$238 - \$600				
	Dentures	Dentures and components (partial and complete)	\$25 - \$600		2 months	\$800 combined limit	
THERAPIES	Initial/subsequent	Psychology (after Medicare entitlement is exhausted)	\$65				
		Physiotherapy (see Health Management Programs for classes)	\$56/\$49				
		Exercise physiology (see Health Management Programs for classes)	\$33				
		Chiropractic	\$38/\$31				
		Osteopathy	\$46/\$36				
		Dietetics	\$35				
		Remedial massage and myotherapy	\$36/\$31				
		Acupuncture and Chinese herbal medicine consultation	\$36/\$31				
OTHER	HCF-approved pharmacy, vaccines and immunisations	After PBS equivalent co-payment subtracted	Up to \$50 per script	1 day	No annual limit		
	Health Management Programs	HCF-approved programs (e.g. weight management, learn to swim, group physiotherapy, group exercise physiology)	Up to \$110				
		HCF-approved antenatal/postnatal services (e.g. childbirth education classes, pregnancy compression garments, breastfeeding consultations, breastfeeding support services provided by the Australian Breastfeeding Association)					
	Emergency ambulance (State govt. services)	When not covered under state arrangements	N/A	1 day	No annual limit		

TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION
MAJOR DENTAL	Oral surgery	Occlusal therapy
	Orthodontics	Orthodontics - orthodontist/other dentist
THERAPIES	Occupational therapy	Consultations and treatment
	Podiatry (including foot orthotics)	Consultations and treatment
	Audiology	Hearing consultations
	Speech pathology	Consultations and treatment
OTHER	Artificial aids & appliances	HCF-approved (e.g. low vision aids, blood glucose monitors)
	Hearing aids	Benefits accrue over time and renew every 3 years
	Travel and accommodation	200km round trip for a consulting medical specialist
	School Accident Benefit	Helps pay out-of-pocket expenses for extras in your cover. See hcf.com.au/school-accident

THINGS YOU NEED TO KNOW

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

HOSPITAL AND EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to HCF Hospital Gold 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.
12 MONTHS	Pregnancy and birth. Pre-Existing Conditions (excluding hospital psychiatric services, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids and appliances, foot orthotics and hearing aids.
2 MONTHS	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.