


HCF MY FUTURE 500 BASIC PLUS PRODUCT SUMMARY

Hospital and extras package designed for young singles and couples getting health cover for the first time.

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>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</p> <p>if you become involuntarily unemployed[^]</p> 	<p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</p> <p>through HCF Thank You</p> 	<p>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY[#]</p> 
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HOSPITAL INCLUDES:

- ✓ \$500 excess
- ✓ No excess for accident-related treatment (for services included in your cover)
- ✓ Joint reconstructions, dental surgery and more
- ✓ Ambulance cover in emergencies

EXTRAS INCLUDES:

- ✓ Flexible \$750 combined limit plus \$180 optical limit
- ✓ Cover for general and some major dental, optical, physio, chiro and popular therapies
- ✓ HCF-approved vaccinations and immunisations

GET 100% BACK ON:*

- ✓ An initial physio consult through *More for Muscles* providers
- ✓ Prescription glasses⁺ and free digital retinal imaging with your eye test through *More for Eyes* providers

[∞] 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 For up to 6 months. Other conditions and waiting periods apply.

[#] See hcf.com.au/unemployment-assistance 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 FUTURE 500 BASIC PLUS HOSPITAL

KEY FEATURES	
Excess (per person per calendar year)	\$500
No excess for Accident-related treatment (for services included in your cover)	✓
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
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
Hernia and appendix e.g. hernia operations and appendicitis
Miscarriage and termination of pregnancy
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
Dental surgery e.g. surgery to remove wisdom teeth and dental implant surgery
Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:
Rehabilitation
Hospital psychiatric services
Palliative care

THIS POLICY DOES NOT INCLUDE COVER FOR:
Brain and nervous system
Eye (not cataracts)
Kidney and bladder
Male reproductive system
Digestive system
Gastrointestinal endoscopy
Gynaecology
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management
Breast surgery (medically necessary)
Diabetes management (excluding insulin pumps)
Heart and vascular system
Lung and chest
Blood
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices [^]
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services

THIS POLICY DOES NOT INCLUDE COVER FOR:
Weight loss surgery
Insulin pumps [#]
Pain management with device
Elective cosmetic surgery

This product includes cover for accommodation, operating theatre, intensive care, Government approved Prosthesis, 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.

[^] 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 FUTURE 500 BASIC 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	\$180
		Spectacle lenses - pair	\$140		
		Contact lenses - pair	\$140		
GENERAL DENTAL	Diagnostic and preventative	Examinations	\$29 - \$60	2 months	\$750 combined limit
		Removal of plaque/calculus	\$36 - \$55		
		Application of fluoride	\$25		
		Single film X-rays (service limits apply)	\$24		
	Teeth whitening (provided by a dentist)	External - per tooth (service limits apply)	\$41	12 months	
		Home application - per arch (service limits apply)	\$55		
Simple fillings	Direct fillings	\$66 - \$143	2 months		
Tooth extractions	Simple extractions	\$78 - \$88			
MAJOR DENTAL	Oral surgery	Surgical extractions	\$125 - \$200	12 months	
	Complex fillings	Indirect fillings	\$240 - \$495		
	Periodontics	Treatment of tissue surrounding teeth	\$18 - \$314		
	Endodontics	Treatment of root canals	\$18 - \$193		
THERAPIES	Initial/subsequent	Psychology (after Medicare entitlement is exhausted)	\$48	2 months	
		Physiotherapy	\$38/\$32		
		Exercise physiology	\$26		
		Chiropractic	\$30/\$23		
		Osteopathy	\$38/\$32		
		Remedial massage and myotherapy	\$27/\$22		
		Acupuncture and Chinese herbal medicine consultation	\$30/\$25		
OTHER	HCF-approved vaccines and immunisations	After PBS equivalent co-payment subtracted	Up to \$50 per script		
	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	Orthodontics	Orthodontics - orthodontist/other dentist
	Crowns and bridges	Placing of crowns and bridges
	Dentures	Dentures and/or components
	Oral surgery	Occlusal therapy
THERAPIES	Occupational therapy	Consultations and treatments
	Podiatry (including foot orthotics)	Consultations and treatments
	Orthoptic therapy	Eye therapy
	Audiology	Hearing consultations
	Speech Pathology	Consultations and treatments
	Dietetics	Consultations and treatments
OTHER	Health Management Programs	HCF-approved programs including antenatal and postnatal services
	Artificial aids and 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
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted

GREAT OFFERS AND DISCOUNTS WITH HCF THANK YOU

As an HCF member you can access over 100 online offers such as:

- up to 47% off movie tickets
- 5% off Woolworths and Coles e-gift cards
- 8% off Ticketek and 10% off Ticketmaster e-gift cards
- 5% off Caltex Starcash Digital to save on fuel
- 5% off JB Hi-Fi e-gift cards
- a range of discounts on travel from Flight Centre, Expedia and Agoda.

For more information visit hcf.com.au/thankyou

We reserve the right to change, remove or amend partners and offers without providing prior written notice. HCF Thank You program and offer terms and conditions apply.



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.