





HEALTHMATE ADVANCED PRODUCT SUMMARY

Quality hospital and extras cover for young singles and couples who aren't planning a family.

FEATURES

| | | | | |
|---|--|--|--|--|
| <p>100% BACK ON SELECTED EXTRAS*</p>  | <p>NO EXCESS FOR KIDS OR FOR ACCIDENT RELATED TREATMENT</p>  | <p>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS if they become involuntarily unemployed#</p>  | <p>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS through HCF Thank You</p>  | <p>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</p>  |
|---|--|--|--|--|

HOSPITAL INCLUDES:

- ✓ \$250 excess
- ✓ Cover for heart surgery, digestive disorder procedures, spinal surgery and more
- ✓ Accident related treatment after joining for services included in your cover
- ✓ Ambulance cover in emergencies

EXTRAS INCLUDES:

- ✓ Cover for general and major dental, optical, physio, chiro and natural therapies
- ✓ HCF approved pharmacy benefit

GET 100% BACK ON:*

- ✓ Up to 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
- ✓ An initial physio, chiro and osteo consultation through *More for Muscles* and *More for Backs* providers
- ✓ An initial podiatry consultation through *More for Feet* providers

* At participating providers, subject to your cover and annual limits. Exclusions apply. To find out more, visit hcf.com.au/100back
 # Conditions and waiting periods apply. See hcf.com.au/unemployment-assistance.
 ^ Excludes add-ons such as high index material, coatings and tinting.



HEALTHMATE ADVANCED HOSPITAL

KEY FEATURES

| | |
|---|-------|
| Excess options (per person per calendar year) | \$250 |
| No excess for Accident related treatment | ✓ |
| No excess for kids | ✓ |
| No excess for same day admissions | ✗ |
| Available as hospital cover only (without extras) | No |

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.

| | |
|---|----|
| Accident related treatment after joining (for services included in your cover. Minimum Benefit services paid at Minimum Benefits) | ✓ |
| Removal of tonsils, adenoids, appendix | ✓ |
| Surgical treatment of a hernia | ✓ |
| Removal of kidney stones & gall stones | ✓ |
| Digestive disorder procedures (e.g. bowel surgery) | ✓ |
| Cancer related services (e.g. chemotherapy) | ✓ |
| Heart surgery including diagnostics & therapeutic cardiac procedures | ✓ |
| Spinal surgery | ✓ |
| Cochlear implant surgery & bone anchored hearing devices [^] | ✓ |
| Insulin pump treatments | i |
| Dialysis for chronic renal failure | MB |
| Rehabilitation services | ✓ |
| Psychiatric treatment | MB |
| Gastric banding and obesity surgery | ✗ |
| Assisted reproductive services (e.g. IVF, GIFT) | MB |
| Pregnancy and birth related services | MB |
| Hip & knee joint replacement surgery | MB |
| Cataract and other lens related surgery | MB |
| Elective cosmetic surgery | MB |
| Podiatric surgery by an accredited podiatrist | MB |
| Emergency ambulance | ✓ |
| Non-emergency ambulance (up to \$5,000) | ✓ |

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

i Certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes. Reduced or no benefits may apply. See hcf.com.au/insulinpumps to find out if you're covered.

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.

✗ 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. Always check with HCF to see if you're covered before going to hospital.

HEALTHMATE ADVANCED EXTRAS

| | SERVICE CATEGORY | DESCRIPTION | BENEFIT PER ITEM | ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED) |
|-----------------------|---|--|--|---|
| DENTAL | Diagnostic dental | Examinations - general dentist/specialist dentist | \$32 - \$55 | 2 services/1 service |
| | | Single film x-rays - initial/subsequent | \$27 | Limits apply |
| | Preventative dental | Removal of plaque/calculus | \$36 - \$60 | 2 services |
| | | Application of fluoride | \$27 | 1 service |
| | Fillings | Metallic and tooth coloured (direct) | \$65 - \$147 | \$400 |
| | Extractions | Simple extractions | \$90 - \$130 | |
| | Occlusal therapy | Treatment of bite problems | \$34 - \$210 | |
| | Oral surgery | Surgical extractions | \$165 - \$240 | \$400 |
| | Endodontic Services | Treatment of root canals | \$45 - \$230 | |
| | Periodontic Services | Treatment of tissue surrounding the teeth | \$10 - \$200 | |
| Crowns and bridges | Placing of crowns and bridges | \$40 - \$600 | \$600 | |
| Orthodontics | Accrues based on length of membership up to \$1,200 maximum lifetime limit for Orthodontist or \$900 for General Dentist treatment. | | | |
| OPTICAL | Glasses and contact lenses | Spectacle frames | \$75 | \$180 |
| | | Spectacle lenses - pair | \$80 - \$140 | |
| | | Contact lenses - pair | \$96 - \$180 | |
| THERAPIES | First/subsequent visits (unless otherwise specified) | Psychology (after Medicare entitlement is exhausted) | \$45 per visit | \$300 |
| | | Podiatry consultation | \$30/\$25 | \$150 |
| | | Dietetics | \$35 visits 1 - 2/\$27 visits 3 - 14/\$20 visits 15+ | \$600 |
| | | Speech pathology | \$42 visits 1 - 2/\$32 visits 3 - 14/\$28 visits 15+ | |
| | | Occupational Therapy | \$41 visits 1 - 2/\$29 visits 3 - 14/\$27 visits 15+ | |
| | | Orthoptic Therapy | \$35 visits 1 - 2/\$27 visits 3 - 14/\$20 visits 15+ | |
| | | Physiotherapy | \$35 visits 1 - 2/\$27 visits 3 - 14/\$22 visits 15+ | |
| | | Chiropractic | \$35 visits 1 - 4 \$22 visits 5+ | \$350 |
| | | Osteopathy | \$37 visits 1 - 2 \$30 visits 3+ | |
| | | Exercise Physiology | \$30/\$25 | |
| | | Homeopathy | \$35/\$20 | \$250 |
| | | Myotherapy | \$35/\$27 | |
| | | Acupuncture/Chinese Herbal Medicine consultation (CHM) | \$35/\$20 | |
| | | Remedial Massage | \$35/\$20 | |
| | | Naturopathy/Nutrition consultation | \$35/\$20 | |
| Foot Orthotics (pair) | \$20 - \$100 | \$100 [#] | | |
| OTHER | HCF approved Pharmacy | After PBS equivalent co-payment subtracted | Up to \$50 per script | \$600 |
| | Health Management Programs | HCF approved - single/couples or family | Up to \$100 | \$100/\$200 |

[#] Combined limit - foot and sport orthotics.

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 | Psychiatric treatment, rehabilitation and palliative care and Non-Emergency Ambulance. Members who have held a hospital cover for at least 2 months and upgrade 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). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics and hearing aids. |
| 2 MONTHS | All other hospital and extras 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;
- Claims made 2 years or more after the date of service;
- More than one therapy Service performed by the same provider in any one 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](tel:131334) to check what you're covered for before receiving treatment.