

# MID PLUS HOSPITAL PRODUCT SUMMARY

Comprehensive hospital cover for those who don't need pregnancy.

## FEATURES

<p><b>NO EXCESS FOR KIDS OR FOR ACCIDENT RELATED TREATMENT</b></p> 	<p><b>WE'LL PAY YOUR HEALTH INSURANCE PREMIUMS</b></p> <p>if you become involuntarily unemployed*</p> 	<p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b></p> <p>through HCF Thank You</p> 	<p><b>COMPLIMENTARY ACCESS TO OUR ONLINE MY HEALTH GUARDIAN PROGRAM</b></p> 
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## HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250 or \$500 excess
- ✓ Accident related treatment for services included in your cover
- ✓ A high level of cover without pregnancy. It covers services such as heart surgery, joint replacements, spinal surgery and more
- ✓ Ambulance cover in emergencies



## MID PLUS 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 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 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 (other than surgery related to spinal scoliosis)	✓
Surgery related to spinal scoliosis	✓
Cochlear implant surgery and bone anchored hearing devices <sup>^</sup>	✗
Insulin pump treatments <sup>#</sup>	✗
Care involving dialysis for chronic renal failure	✗
Rehabilitation	✓
Psychiatric services	ⓘ
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	✓

<sup>^</sup> Includes associated speech and sound processors including upgrades.

<sup>#</sup> 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.

## ⓘ 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.

## THINGS YOU NEED TO KNOW

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

HOSPITAL WAITING PERIODS	
<b>1 DAY</b>	Emergency ambulance (where not for pre-existing ailments).
<b>2 MONTHS</b>	Psychiatric, rehabilitation and palliative care.
<b>12 MONTHS</b>	Pregnancy and birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care).
<b>2 MONTHS</b>	All other hospital services.

### 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, 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.