






MY FAMILY 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 RELATED SERVICES</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>NO EXCESS FOR KIDS OR FOR ACCIDENT RELATED TREATMENT</p> 
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HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250 or \$500 excess
- ✓ Affordable hospital cover including pregnancy and birth related services
- ✓ Covers spinal surgery, joint investigations and reconstructions, removal of tonsils, appendix 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
^{*} 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
[∞] 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



MY FAMILY 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	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 PARTICIPATING PRIVATE HOSPITAL

Emergency ambulance	✓
Accident Safeguard - services that are Excluded Services or Minimum Benefits 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	✓
Psychiatric treatment	MB
Gastric banding and obesity surgery	✗
Assisted reproductive services (e.g. IVF, GIFT)	✗
Pregnancy and birth related services	✓
Hip replacement surgery	MB
Knee joint replacement surgery	MB
All other joint replacement surgeries (e.g. shoulder and elbow joint replacements)	✓
Joint investigations and reconstructions	✓
Cataract and other lens related surgery	✗
Sterilisation and sterilisation reversals	✓
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

A 12 month waiting period applies for pregnancy and birth related services. If you have already served (or partly served) a waiting period for pregnancy and birth related services under another equivalent product, then you may not need to serve this waiting period (or some of it). Please check with HCF to confirm the waiting period that applies to you. If you're expecting, make sure you transfer to a family membership within two months of the birth of your child to ensure our child is covered from their date of birth.

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. 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.

MY FAMILY EXTRAS

SERVICE CATEGORY		DESCRIPTION	INDICATIVE BENEFIT RANGE FROM - TO	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
OPTICAL	Glasses & Contact lenses	Spectacle frames	\$115	2 months	\$200
		Spectacle lenses - pair	\$140		
		Contact lenses - pair	\$140		
GENERAL DENTAL	Diagnostic & Preventative	Examinations	\$32 - \$73	2 months	\$800 combined limit
		Removal of plaque/calculus	\$36 - \$62		
		Application of fluoride	\$27		
		Single film X-rays (on same day)	\$29		
	Simple fillings	Direct fillings	\$85 - \$177		
Tooth extractions	Simple extractions	\$95 - \$143			
MAJOR DENTAL	Oral surgery	Surgical extractions	\$157 - \$250	12 months	
	Complex fillings	Indirect fillings	\$298 - \$600		
	Periodontics	Treatment of tissue surrounding teeth	\$23 - \$374		
	Endodontics	Treatment of root canals	\$27 - \$248		
	Crowns & Bridges	Placing of crowns and bridges	\$238 - \$600		
	Dentures	Dentures and components (partial and complete)	\$25 - \$600		
THERAPIES	Initial/Subsequent	Physiotherapy (see Health Management Programs for group and classes)	\$56 / \$49	2 months	
		Exercise physiology (see Health Management Programs for group and classes)	\$33		
		Psychology (after Medicare entitlement is exhausted)	\$65		
		Chiropractic	\$38 / \$31		
		Osteopathy	\$46 / \$36		
		Remedial massage/Myotherapy	\$36 / \$31		
		Acupuncture/Chinese herbal medicine consultation	\$36 / \$31		
		Alexander Technique	\$36 / \$31		
		Naturopathy/Nutrition consultation	\$36 / \$31		
Dietetics	\$35				
OTHER	HCF approved Pharmacy, Vaccines & Immunisations	After PBS equivalent co-payment subtracted	Up to \$50 per script		
	Health Management Programs	HCF approved programs (e.g. learn to swim, group physiotherapy, group exercise physiology)	\$4 - \$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	

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. 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 ailments (excluding psychiatric treatment, 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.

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** to check what you're covered for before receiving treatment.