






# HCF HOSPITAL SILVER PLUS PRODUCT SUMMARY

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

## FEATURES

<p><b>ACCIDENT SAFEGUARD</b></p> <p>Receive the benefits of our top level of hospital cover for 90 days if you're in an accident<sup>∞</sup></p> 	<p><b>NO EXCESS FOR KIDS AGED UNDER 25 OR FOR ACCIDENT RELATED TREATMENT</b></p> 	<p><b>TRAVEL AND ACCOMMODATION BENEFITS FOR YOUR HOSPITAL STAY<sup>*</sup></b></p> 	<p><b>WE'LL PAY PREMIUMS FOR ELIGIBLE MEMBERS</b></p> <p>if they become involuntarily unemployed<sup>^</sup></p> 	<p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b></p> <p>through HCF Thank You</p> 
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## HOSPITAL INCLUDES:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess
- ✓ A high level of cover without pregnancy and birth. It covers services such as heart and vascular procedures, back, neck and spine procedures and more
- ✓ Ambulance cover in emergencies



<sup>∞</sup> 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](https://www.hcf.com.au/accident-safeguard)  
<sup>\*</sup> When you travel at least 200km round trip. Other terms and conditions apply. Go to [hcf.com.au/travel-accommodation](https://www.hcf.com.au/travel-accommodation) to find out more  
<sup>^</sup> For up to 6 months. Other conditions and waiting periods apply. See [hcf.com.au/unemployment-assistance](https://www.hcf.com.au/unemployment-assistance)

# HCF HOSPITAL SILVER PLUS

KEY FEATURES	
Excess options (per person per calendar year)	\$250, \$500 or \$750
No excess for kids aged under 25	✓
No excess for Accident-related treatment	✓
Travel and accommodation benefit*	✓
Available without extras cover	Yes

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

THIS POLICY INCLUDES RESTRICTED COVER FOR:	
Hospital psychiatric services	

THIS POLICY DOES NOT INCLUDE COVER FOR:	
Pregnancy and birth	
Assisted reproductive services	
Weight loss surgery	
Insulin pumps	
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](http://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.

<sup>#</sup> Members must hold eligible extras cover if they want to claim benefits for eligible dental services performed in a hospital

<sup>∞</sup> 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.

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

## 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.
<b>2 MONTHS</b>	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade 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.
<b>12 MONTHS</b>	Pregnancy and birth. Pre-Existing Conditions (excluding hospital psychiatric services, rehabilitation and palliative care).
<b>2 MONTHS</b>	All other hospital 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.

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.

# HCF VITAL EXTRAS PRODUCT SUMMARY

Quality comprehensive extras cover for a wide range of services and therapies.

## FEATURES

<p><b>100% BACK ON POPULAR EXTRAS*</b></p> 	<p><b>LOYALTY LIMITS INCREASE THE LONGER YOU'RE WITH US^</b></p> 	<p><b>CLAIM ON A RANGE OF HEALTH MANAGEMENT PROGRAMS</b></p> 	<p><b>BE REWARDED WITH A GREAT RANGE OF EXCLUSIVE OFFERS</b> through HCF Thank You</p> 
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## EXTRAS INCLUDES:

- ✓ Our second highest level of limits and benefits
- ✓ Cover for our full range of services including dental, orthodontics, optical, physio, other therapies and health aids
- ✓ A range of HCF-approved Health Management Programs including learn to swim classes, weight management programs and gym membership fees for specific health conditions
- ✓ School Accident Benefit to help pay out-of-pocket expenses relating to extras included in your cover if your child's in an accident at school\*

## GET 100% BACK ON POPULAR EXTRAS\*

You can get 100% back at extras providers in our No-Gap network, depending on your cover and annual limits\*. Including:

- ✓ 2 dental check-ups a year
- ✓ a pair of prescription glasses from a selected range# and you'll also get free digital retinal imaging with your eye test
- ✓ a first visit to a physio, chiro and osteo\*\*
- ✓ a first visit to a podiatrist\*\*.

\* Waiting periods and annual limits apply. Providers are subject to change. We recommend that you confirm the provider prior to booking your appointment. See [hcf.com.au/100back](http://hcf.com.au/100back)  
 ^ Up to a maximum limit. See extras table for details.  
 \* Applies to children attending school, up to and including year 12. Subject to waiting periods, annual limits and other conditions. See [hcf.com.au/school-accident](http://hcf.com.au/school-accident)  
 # Excludes add-ons such as high index material, coatings and tinting.  
 \*\* A First Visit means an initial consultation for an eligible health condition that is new or flare up where no treatment has been provided in the last 3 months.



# HCF VITAL 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	100% of fee up to annual limit	2 months	\$250
		Spectacle lenses – pair			
		Contact lenses – pair			
GENERAL DENTAL	Diagnostic and preventative	Examinations (max 2 service per year)	\$32-\$73	2 months	No annual limit (service limits apply)
		Removal of plaque/calculus (max 2 service per year)	\$36-\$64		
		Application of fluoride (max 1 service per year)	\$28		
		Single film X-rays (service limits apply)	\$31		
GENERAL DENTAL	Simple fillings	Direct fillings	\$85-\$177	12 months	Year 1 \$800 Year 2 \$950 Year 3+ \$1,100
	Tooth extractions	Simple extractions	\$95-\$143		
MAJOR DENTAL	Oral surgery	Surgical extractions	\$165-\$260	12 months	Year 1 \$800 Year 2 \$950 Year 3+ \$1,100
	Complex fillings	Indirect fillings	\$298-\$671		
	Periodontics	Treatment of tissue surrounding teeth	\$23-\$374		
	Endodontics	Treatment of root canals	\$27-\$248		
MAJOR DENTAL	Crowns and bridges	Placing of crowns and bridges	\$244-\$1,000	12 months	Year 1 \$800 Year 2 \$950 Year 3+ \$1,100
	Dentures	Dentures and components (partial and complete) Limits renew every 3 years	\$25-\$1,100		
MAJOR DENTAL	Orthodontics	Orthodontics - orthodontist/other dentist	Up to \$700	12 months	\$700 (\$350 for other dentists) Lifetime limit \$2,100 or \$1,050 for other dentists
THERAPIES	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan used up)	\$26/\$85	2 months (12 months for foot orthotics and minor podiatric procedures)	Year 1 \$350 Year 2 \$450 Year 3+ \$550
		Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations	\$18/\$49		
		HCF-approved counselling & accredited mental health social worker includes group consultations	\$15/\$41		
		HCF-approved Online Cognitive Behavioural Therapy courses	\$35 - \$59		
	Allied health First visit/subsequent	Occupational therapy	\$62		Year 1 \$350 Year 2 \$450 Year 3+ \$550
		Physiotherapy (see Health Management Programs for groups and classes)	\$58/\$49		
		Exercise physiology (see Health Management Programs for groups and classes)	\$33		
		Chiropractic	\$40/\$33		
		Osteopathy	\$48/\$38		
		Dietetics	\$45		
		Audiology	\$60		
		Speech pathology	\$60		
Natural therapies First visit/subsequent	Podiatry (including 1 pair of foot orthotics per person per year)	\$35/\$30	Year 1 \$250 Year 2 \$250 Year 3+ \$400 Orthotics Sub-limit \$200		
	Orthotist/Prosthetist and Pedorthist	\$20-\$100			
Natural therapies First visit/subsequent	Remedial massage and myotherapy	\$36/\$31	Year 1 \$250 Year 2 \$350 Year 3+ \$450 Sub-limit \$250 per therapy		
	Acupuncture and Chinese herbal medicine consultation	\$36/\$31			
OTHER	Travel and accommodation	200km round trip for a consulting medical specialist and/or hospital admission	\$40	2 months	Max \$200 per policy
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script		
	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more	Up to \$50 per script	12 months	Max \$150 per policy \$600-\$1,600
	Artificial aids	HCF-approved (e.g. low vision aids, blood glucose monitors, orthoses)	\$45-\$150		
	Hearing aids	Benefits accrue over time and renew every 3 years	Up to \$1,600	2 months	\$150 per person Max \$300 per policy
	Health Management Programs	HCF-approved e.g. exercise classes, group physiotherapy and group exercise physiology classes and weight management	Up to \$150		
	School Accident Benefit	Helps pay out-of-pocket expenses for extras in your cover. See <a href="https://www.hcf.com.au/school-accident">hcf.com.au/school-accident</a>	Up to \$150	2-12 months	\$150 per eligible child
	Emergency ambulance (State govt. services)	NSW and ACT		100%	1 day
VIC, WA, NT, and SA			100%		

## TREATMENTS NOT COVERED BY THIS POLICY

SERVICE CATEGORY		DESCRIPTION
MAJOR DENTAL	Occlusal Therapy	Treatment to improve bite
OTHER	Health Management Programs	HCF-approved antenatal/postnatal services - pregnancy compression garments and breastfeeding support services through the Australian Breastfeeding Association

## THINGS YOU NEED TO KNOW

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

EXTRAS WAITING PERIODS	
<b>1 DAY</b>	Emergency ambulance.
<b>12 MONTHS</b>	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics, minor podiatric procedures and hearing aids.
<b>2 MONTHS</b>	All other extras 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
- 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.