

## Hospital Advanced Savings + General Extras Plus

This is a summary only. For more information, please call HLC on 1800 808 026.

### Excess options available:

\$250 per person per calendar year  
\$450 per person per calendar year

There is no excess for same day surgery or accidents.

If you have family cover you will not have to pay an excess for dependant children who are hospitalised.

## Hospital Advanced Savings

### HCF participating private hospitals and public hospitals

Accommodation	✓
Operating Theatre services (in an HCF participating private hospital)	✓
Intensive Care	✓
Coronary Care	✓
Prostheses (100% cover for no-gap prosthesis list items. There are a small number of prosthesis that will attract a gap)	✓
Physiotherapy (100% for HCF participating private hospitals)	✓
Pharmaceuticals in hospital (Directly associated with the reason for admission. Excluding experimental and high cost – non PBS drugs)	✓
Pregnancy & birth related services	Minimum benefits
Psychiatric services	Minimum benefits
Assisted Reproductive Services (e.g. IVF, GIFT etc)	Minimum benefits
Total & partial hip & knee joint replacement surgery	Minimum benefits
Cataract & other lens related surgery	Minimum benefits
Dialysis for chronic renal failure	Minimum benefits
Elective cosmetic surgery *	Minimum Benefits
Surgery by accredited podiatrist *	Minimum benefits
Ambulance (State Government services only. QLD and TAS residents are covered under their state ambulance scheme.)	✓
Extended family cover available	✗

Minimum benefits only cover the costs of staying in a shared room of a public hospital. These benefits are not sufficient to cover procedures in a private hospital. They do not cover theatre or labour ward charges. Only minimum benefits are paid at non-participating hospitals.

\* No medical benefits (doctor's charges) are payable.

## Important information relating to HCF Hospital cover

### Hospital waiting periods

<b>1 day</b>	Emergency Ambulance	<p>Waiting periods may need to be served before benefits are paid, and apply to:</p> <ul style="list-style-type: none"> <li>▪ New members</li> <li>▪ Existing HCF members who upgrade. You will need to serve the necessary waiting periods for the higher benefit entitlement</li> <li>▪ Members who transfer from another fund who have not already completed the required waiting period for equivalent benefits.</li> <li>▪ New dependants (unless they transfer from another fund and have completed the required waiting periods)</li> </ul> <p>Waiting periods vary according to the type of treatment or service you receive.</p>
<b>2 months</b>	<p>Psychiatric, rehabilitation and palliative care.</p> <p>All other treatments except where there's a longer waiting period.</p> <p>Non-emergency ambulance</p>	
<b>12 months</b>	<p>Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care.</p> <p>Pregnancy and birth related services</p>	

### Pregnancy & 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 more comprehensive cover 12 months before planning your pregnancy 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 the child to ensure the baby is covered from birth.

### Pre-existing ailments

A pre-existing ailment is a condition or illness where signs or symptoms existed anytime during the six months prior to when a member joined or upgraded to a higher level of cover, even though a diagnosis may not have been made.

If there is any doubt as to whether an ailment is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.

### Hospital benefits and "the gap"

Hospital benefits are payable to persons who are formally admitted hospital patients at the time of the service. If you are a private patient in a non-participating private hospital, you may face a large gap, depending on the hospital charges. Prior to treatment, please check with your doctor to obtain Medicare item numbers and call HCF to clarify benefits payable.

Medical Gap: Medicare will cover 75% of the Medicare Benefits Schedule

(MBS) fee for medical charges and HCF will cover the remaining 25%. Some doctors may choose to charge more than the MBS fee and this is when you may face additional expenses, known as the "Medical Gap". HCF has no-gap arrangements to assist you in eliminating the gap. Always ask your doctor what your charge will be and if they'll participate in HCF's no-gap arrangement for your procedure. If you still have questions, call HCF on 13 13 34.

### Conditions applying to all hospital covers

HCF hospital cover does not apply to the following:

- Procedures normally performed in the doctors surgery or as an outpatient
- Medical Gap and hospital benefits for excluded items or procedures and/or when the claim is not approved for payment by Medicare Australia
- Nursing home-type patients are limited to benefits set by the Commonwealth Department of Health and Ageing
- Private room accommodation for same-day procedures
- Personal convenience items e.g. phone calls newspapers, magazines and Beauty Salon services
- Massage and aromatherapy services
- Respite care
- Take home items e.g. crutches, toothbrushes and drugs
- Experimental treatments
- Experimental and high cost non-PBS drugs
- Private hospital emergency room fees
- Donated blood, blood products and blood collection and storage
- Special nursing e.g. your own private nurse
- Pharmaceuticals (including PBS pharmaceutical benefits) and other sundry supplies not directly associated with the reason for admission
- Some services provided while in hospital by non-hospital providers
- Telephone or online consultations
- Luxury room surcharge
- All PBS pharmaceutical benefits in non-participating hospitals



## General Extras Plus

Service category	Description	Benefits up to		Limits per person per calendar year
<b>Dental</b>				
Diagnostic dental	Examinations – general dentist	\$29 - \$51		2
	Examinations – specialist dentist	\$29 - \$51		1
	Single film x-rays (initial/subsequent)	\$25 / \$18		No limit
Preventative dental	Removal of plaque/calculus	\$31 - \$52		2
	Application of fluoride	\$20		1
Restorative	Metallic and adhesive fillings	\$47 - \$115		\$400
Orthodontics	General dentist – attachments and two full arch banding <b>OR</b>	\$20 - \$750	Accrues at \$250 per year	\$1,000 per lifetime
	Orthodontist - attachments and two full arch banding	\$30 - \$1,200		\$2,640 per lifetime
Oral surgery	Extractions	\$53 - \$157		\$300
Endodontic Services	Treatment of root canals	\$36 - \$130		
Periodontic Services	Treatment of tissue surrounding the teeth	Not covered		
Dentures	Dentures complete and components	Not covered		
	Maintenance and repair	Not covered		
Crowns & bridges	Preparation & placing of crowns & bridges	Not covered		
<b>Optical</b>				
	Spectacle frames	\$70		\$170
	Spectacle lenses – pair	\$70 - \$135		
	Contact lenses – pair	\$140 - \$170		
<b>Therapies</b>				
Natural therapies	Acupuncture	\$20 (initial) \$10 (subsequent)		\$100 within overall \$500 limit for therapies
	Remedial massage / Myotherapy	\$20 (initial) \$10 (subsequent)		
	Homoeopathy	Not covered		
	Naturopathy	Not covered		
	Chiropractic	\$25 (initial) \$20 (subsequent) \$10 (12+)		Subject to the overall \$500 limit for therapies
	Osteopathy	\$25 (initial) \$20 (subsequent) \$10 (12+)		

Service category	Description	Benefits up to	Limits per person per calendar year
<b>Therapies</b>			
	Exercise Physiology	Not covered	
	Physiotherapy	\$25 (initial) \$20 (subsequent) \$10 (12+)	Subject to the overall \$500 limit for therapies
	Hydrotherapy & Group Physiotherapy	\$15 per visit	
	Occupational Therapy	\$40 (initial) \$30 (subsequent)	\$200 within overall \$500 limit for therapies
	Speech Pathology	\$40 (initial) \$30 (subsequent)	
	Audiology	Not covered	
	Psychology (once Medicare entitlement is exhausted)	Not covered	
	Dietetics	Not covered	
	Podiatry – consultation	Not covered	
<b>Other services</b>			
Home nursing	Up to 6 hours/daily rate	Not covered	
Travel & Accommodation	Over 200km per return trip	Not covered	
Pharmaceutical (HCF approved non-PBS)	Cost in excess of the current PBS to a max. \$50 per drug per script	\$50/script	\$500
HCF approved artificial aids	e.g. CPAP machine, blood pressure monitor	Not covered	
Hearing Aids		Not covered	
HCF approved Health Management Program		Not covered	
School Accident Cover	Approved ancillary related services only	Not covered	

## Important information relating to HCF Extras cover

### Extras waiting periods

<b>1 day</b>	School accident cover	<p>Waiting periods may need to be served before benefits are paid, and apply to:</p> <ul style="list-style-type: none"> <li>▪ New members</li> <li>▪ Existing HCF members who upgrade. You will need to serve the necessary waiting periods for the higher benefit entitlement</li> <li>▪ Members who transfer from another fund who have not already completed the required waiting period for equivalent benefits.</li> <li>▪ New dependants (unless they transfer from another fund and have completed the required waiting periods)</li> </ul> <p>Waiting periods vary according to the type of treatment or service you receive.</p>
<b>2 months</b>	All services except those mentioned otherwise	
<b>6 months</b>	HCF Dental Centres, Health Management Programs	
<b>12 months</b>	Crowns, bridges, dentures, endodontics, occlusal therapy, oral surgery, periodontal, prosthodontics, dental bleaching and orthodontics, artificial appliances and pre existing ailments	
<b>24 months</b>	Hearing aids	

### Pre-existing ailments

A pre-existing ailment is a condition or illness where signs or symptoms existed anytime during the six months prior to when a member joined or upgraded to a higher level of cover, even though a diagnosis may not have been made.

If there is any doubt as to whether an ailment is pre-existing, a medical practitioner appointed by HCF will examine information provided by your doctor, together with other relevant claim details.

### Conditions applying to all extras cover

#### Be aware of these circumstances which will prevent payment of a claim:

- Lodgement of claim two years or more after the date of service
- When you or your dependants have the right to recover the costs from a third party or authority, either by law or by statute, or from any insurance or employment benefit schemes
- Benefits for any period during which your payment is in arrears by more than two months or your membership is suspended

#### Your Extras cover does not cover the following:

- Goods and services while an in-patient in a hospital (these are covered under your Hospital cover)
- Pharmacy items that appear on the PBS list, contraceptives, infertility drugs, performance enhancing drugs, vitamins, items that are available without a prescription, or items that are not TGA approved.
- Telephone or online consultations
- Fees for completing claim forms and/or reports
- Goods and/or services received or purchased overseas
- When costs are recoverable elsewhere
- Where no specific health condition is being treated
- Routine health checks, screening and mass immunisations
- A combination of therapy services performed by the same provider in any one day
- Treatment for pre-existing ailments or conditions (within the first 12 months).