

## Top Plus + Super Multicover

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

### Excess options available:

Nil  
 \$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.

## Top Plus

### 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	✓
Psychiatric services	✓
Assisted Reproductive Services (e.g. IVF, GIFT etc)	✓
Total & partial hip & knee joint replacement surgery	✓
Cataract & other lens related surgery	✓
Dialysis for chronic renal failure	✓
Elective cosmetic surgery	Reduced benefits
Surgery by accredited podiatrist	Reduced benefits
Ambulance (State Government services only. QLD and TAS residents are covered under their state ambulance scheme.)	✓
Extended family cover available	✓

Reduced benefits mean that no medical benefits (doctor's charges) are payable and only a proportion of hospital benefits are covered.

## Important information relating to HCF Hospital cover

Hospital waiting periods							
<table border="1"> <tr> <td style="text-align: center;"><b>1 day</b></td> <td>Emergency Ambulance</td> </tr> <tr> <td style="text-align: center;"><b>2 months</b></td> <td>Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance</td> </tr> <tr> <td style="text-align: center;"><b>12 months</b></td> <td>Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth related services</td> </tr> </table>	<b>1 day</b>	Emergency Ambulance	<b>2 months</b>	Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance	<b>12 months</b>	Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth related services	<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>1 day</b>	Emergency Ambulance						
<b>2 months</b>	Psychiatric, rehabilitation and palliative care. All other treatments except where there's a longer waiting period. Non-emergency ambulance						
<b>12 months</b>	Treatments for pre-existing ailments excluding psychiatric, rehabilitation and palliative care. Pregnancy and birth related services						

Pregnancy & birth related services	Pre-existing ailments
<p>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.</p>	<p>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.</p> <p>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.</p>

Hospital benefits and "the gap"	
<p>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.</p> <p>Medical Gap: Medicare will cover 75% of the Medicare Benefits Schedule</p>	<p>(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.</p>

Conditions applying to all hospital covers	
<p>HCF hospital cover does not apply to the following:</p>	
<ul style="list-style-type: none"> <li>▪ Procedures normally performed in the doctors surgery or as an outpatient</li> <li>▪ Medical Gap and hospital benefits for excluded items or procedures and/or when the claim is not approved for payment by Medicare Australia</li> <li>▪ Nursing home-type patients are limited to benefits set by the Commonwealth Department of Health and Ageing</li> <li>▪ Private room accommodation for same-day procedures</li> <li>▪ Personal convenience items e.g. phone calls newspapers, magazines and Beauty Salon services</li> <li>▪ Massage and aromatherapy services</li> <li>▪ Respite care</li> <li>▪ Take home items e.g. crutches, toothbrushes and drugs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experimental treatments</li> <li>▪ Experimental and high cost non-PBS drugs</li> <li>▪ Private hospital emergency room fees</li> <li>▪ Donated blood, blood products and blood collection and storage</li> <li>▪ Special nursing e.g. your own private nurse</li> <li>▪ Pharmaceuticals (including PBS pharmaceutical benefits) and other sundry supplies not directly associated with the reason for admission</li> <li>▪ Some services provided while in hospital by non-hospital providers</li> <li>▪ Telephone or online consultations</li> <li>▪ Luxury room surcharge</li> <li>▪ All PBS pharmaceutical benefits in non-participating hospitals</li> </ul>



## Super Multicover

Service category	Description	Benefits up to		Limits per person per calendar year
<b>Dental</b>				
Diagnostic dental	Examinations – general dentist	\$32 - \$76		2
	Examinations – specialist dentist	\$32 - \$76		1
	Single film x-rays (initial/subsequent)	\$29 / \$25		No limit
Preventative dental	Removal of plaque/calculus	\$36 - \$63		2
	Application of fluoride	\$23		1
Restorative	Metallic and adhesive fillings	\$75 - \$156		\$550
Orthodontics	General dentist – attachments and two full arch banding <b>OR</b>	\$20 - \$1,000	Accrues at \$440 per year	\$20 - \$1,000
	Orthodontist - attachments and two full arch banding	\$50 - \$1,720		\$50 - \$1,720
Oral surgery	Extractions	\$889 - \$251		\$500
Endodontic Services	Treatment of root canals	\$60 - \$167		
Periodontic Services	Treatment of tissue surrounding the teeth	\$38 - \$301		
Dentures	Dentures complete and components	\$25 - \$800		\$800 every 3 years
	Maintenance and repair	\$37 - \$200		\$200
Crowns & bridges	Preparation & placing of crowns & bridges	\$55 - \$635		\$800 (increases by \$100 each year to \$1,200)
<b>Optical</b>				
	Spectacle frames	\$135		\$250
	Spectacle lenses – pair	\$130 - \$250		
	Contact lenses – pair	\$140 - \$250		
<b>Therapies</b>				
Natural therapies	Acupuncture	\$35 (initial) \$23 (subsequent)		\$600 (\$250 sublimit per therapy)
	Remedial massage / Myotherapy	\$40 (initial) \$25 (subsequent)		
	Homoeopathy	\$40 (initial) \$25 (subsequent)		
	Naturopathy	\$40 (initial) \$25 (subsequent)		
	Chiropractic	\$40 (initial) \$33 (subsequent) \$18 (12+)		\$600 (increases by \$120 each year to \$1,200)
	Osteopathy	\$40 (initial) \$33 (subsequent) \$18 (12+)		

Service category	Description	Benefits up to	Limits per person per calendar year
<b>Therapies</b>			
	Exercise Physiology	\$30 (initial) \$20 (subsequent)	\$600 increases by \$120 each year to \$1,200 (\$200 sublimit for Exercise Physiology)
	Physiotherapy	\$45 (initial) \$38 (subsequent) \$18 (12+)	
	Hydrotherapy & Group Physiotherapy	\$18 per visit	
	Occupational Therapy	\$70 (initial) \$50 (subsequent)	\$600
	Speech Pathology	\$83 (initial) \$51 (subsequent)	\$500
	Audiology	\$58 (initial) \$40 (subsequent)	\$350
	Psychology (once Medicare entitlement is exhausted)	\$80 per visit	\$600
	Dietetics	\$55 (initial) \$36 (subsequent)	\$350
	Podiatry – consultation	\$38 (initial) \$34 (subsequent)	\$400
<b>Other services</b>			
Home nursing	Up to 6 hours/daily rate	\$20 - \$50	\$1,000 (\$400 sublimit for Travel & Accommodation – up to \$100 per membership, per trip)
Travel & Accommodation	Over 200km per return trip	\$20 - \$100	
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	\$25 - \$500	\$600
Hearing Aids		\$800 - \$1,800	Every 5 years depending on length of membership
HCF approved Health Management Program		Up to \$150	\$150 per person to a max of \$300 per family membership
School Accident Cover	Approved ancillary related services only	\$800	\$800

## 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).