

## Private Health Information Statement - Hospital policy

### HOSPITAL ESSENTIALS BRONZE PLUS

#### HCF

<http://www.hcf.com.au>  
[service@hcf.com.au](mailto:service@hcf.com.au)  
 13 13 34

#### Monthly Premium

**\$330.42 #**

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania  
 Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy **✓ includes cover for**

|   |  |  |
|---|--|--|
| ✓ Blood   | ✓ Eye (not cataracts)                      | ✓ Pain management  |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Pain management with device                              |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Palliative care  |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Skin   |
| ✓ Dental surgery  | ✓ Kidney and bladder                       | ✓ Sleep studies  |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | ✓ Tonsils, adenoids and grommets                           |
| ✓ Digestive system  | ✓ Male reproductive system                 | R Hospital psychiatric services                            |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy | R Rehabilitation   |

This policy **✗ does not include cover for**

|                                       |                                   |   |
|---------------------------------------|-----------------------------------|---|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Pregnancy and birth   |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Weight loss surgery   |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              |   |

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](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

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 following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess of \$250 per admission. This is limited to a maximum of \$250 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for accidents or dependants.

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

[Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

Hospital cover designed for the healthy and budget conscious. No excess for accident related treatment and dependants under 25. Includes involuntary unemployment assistance, accident safeguard, travel and accommodation benefits for hospital admission and cover for unlimited emergency ambulance trips. See fund rules for more information. Access to over 100 exclusive offers through HCF Thank You program. For more information visit: [www.hcf.com.au/thankyou](http://www.hcf.com.au/thankyou).

**Ambulance cover**

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

[Other features of this ambulance cover](#)

If you are a resident of TAS, you're covered under your state ambulance service scheme in TAS only. In other states (excluding QLD and SA), you are covered under the state agreements for emergency road ambulance only. If you aren't offered cover under any arrangement, you unlimited emergency ambulance services provided by state Ambulance Service Providers.

[For further information about this policy see](#)

<https://www.hcf.com.au/faqs/faqs-cover#what-is-ambulance-cover>

**Disclaimer**

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.