Private Health Information Statement - Combined policy

HOSPITAL ADVANCED SAVINGS SILVER PLUS & EXTRA BENEFITS

HCF

http://www.hcf.com.au service@hcf.com.au 13 13 34 Monthly Premium

\$297.47[#] (before any rebate, loading or discount) Covers only one person Available in Queensland 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.

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 <u>https://privatehealth.gov.au/categories</u>

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.

X Not Covered

These categories are not covered by this policy.

This policy **√** includes cover for

| ✓ Assisted reproductive services | ✓ Eye (not cataracts) | ✓ Pain management |
|---|---|--|
| \checkmark Back, neck and spine | ✓ Gastrointestinal endoscopy | ✓ Pain management with device |
| ✓ Blood | 🗸 Gynaecology | ✓ Palliative care |
| ✓ Bone, joint and muscle | \checkmark Heart and vascular system | \checkmark Plastic and reconstructive surgery (medically necessary) |
| ✓ Brain and nervous system | ✓ Hernia and appendix | Podiatric surgery (provided by a registered podiatric surgeon limited benefits) |
| ✓ Breast surgery (medically necessary) | Implantation of hearing devices | ✓ Pregnancy and birth |
| ✓ Cataracts | 🗸 Insulin pumps | ✓ Rehabilitation |
| Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions | ✓ Skin |
| ✓ Dental surgery | ✓ Joint replacements | ✓ Sleep studies |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Kidney and bladder | \checkmark Tonsils, adenoids and grommets |
| \checkmark Dialysis for chronic kidney failure | \checkmark Lung and chest | R Hospital psychiatric services |
| ✓ Digestive system | ✓ Male reproductive system | |
| ✓ Ear, nose and throat | ✓ Miscarriage and termination of pregnancy | |

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

X Weight loss surgery

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 for *PrivateHealth.gov.au PrivateHealth.gov.au PrivateHealth.gov.au PrivateHealth.gov.au Page 1 of 3*

which hospitals have arrangements with your insurer - <u>https://privatehealth.gov.au/dynamic/agreementhospitals</u>.

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 \$450 per admission. This is limited to a maximum of \$450 per person and \$450 per policy per year.

Excess payments do not apply to hospital admissions for accidents.

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
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers <u>'known gap' or 'no gap'</u> 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

Comprehensive hospital cover for peace of mind. No excess for accident related treatment and dependants under 25. Includes 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.

General Treatment Cover

Our nationwide network of No-Gap participating providers gives you access to comprehensive extras cover at an affordable price. Find out more See <u>https://www.hcf.com.au/locations/find-a-participating-provider</u>.

This policy **✓ includes** General treatment (Extras) cover for

Note, for items marked with an asterisk *: Includes 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, and 100% back on an initial physio, chiro and osteo consult, at participating providers and subject to annual limits.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|----------------------------|--|--|
| General dental* | 2 | \$300 per policy | Periodic oral examination - \$34.00 Scale & clean - \$69.00 Fluoride treatment - \$27.00 |
| Major dental | 12 | \$1,870 per policy (combined limit for major dental, endodontic & other | Surgical tooth extraction - \$182.00 Full crown veneered - \$580.00 |
| Endodontic | 12 | services - Sub-limits apply) | Filling of one root canal - \$164.00 |
| Orthodontic | 12 | \$250 per policy \$1,500 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$250.00 |
| Optical* | 2 | \$170 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$500 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$50.00 |
| Physiotherapy* | 2 | \$600 per policy (combined limit for physiotherapy, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$46.00 Subsequent visit - \$36.00 |

| Chiropractic* | 2 | \$400 per policy (combined limit for chiropractic, acupuncture & osteopathy) | Initial visit - \$35.00 Subsequent visit - \$28.00 |
|--|----|---|---|
| Podiatry | 2 | \$200 per policy | Initial visit - \$35.00 Subsequent visit - \$25.00 |
| Acupuncture | 2 | Combined limit - see Chiropractic | Initial visit - \$30.00 Subsequent visit - \$20.00 |
| Hearing aids | 12 | \$500 per policy 1 appliance(s) every 3 years | Hearing aid - \$500.00 |
| Blood glucose monitors | 12 | \$500 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services) | Per monitor - \$150.00 |
| Dietetics/dietary advice | 2 | \$150 per policy | Initial visit - \$50.00 Subsequent visit - \$40.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - \$32.00 Subsequent visit - \$32.00 |
| Health management / Healthy lifestyle | 2 | \$100 per policy | Health management - \$100.00 |
| Occupational therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$62.00 Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses) | 12 | \$200 per policy | Orthotics supply & fit - \$100.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| Speech therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$60.00 Subsequent visit - \$40.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00 |

General dental \$300 limit is for direct fillings. Cover also includes dental check ups with service limits, that are not part of the general dental annual limit. Endondontic, periodontic, oral surgery & occlusal treatment - combined limit of \$400. Crowns and Bridges - \$750 annual limit. Dentures - \$600 every 3 yrs. Orthodontic lifetime limit for other dentists is a maximum of \$1,000. HCF-approved Online Cognitive Behavioural Therapy courses with a separate annual limit per person/ per policy.

This policy X does not include General treatment (Extras) cover for

| X Psychology | 🗙 Remedial massage | X Other treatments - check with your insurer |
|---------------------------------------|--|--|
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Other features of this general treatment cover

There is a \$500 combined annual limit for artificial aids (low vision aids, blood glucose monitors, foot orthotics). Foot orthotics is included under the artificial aids limit and has a sub-limit of \$200 (1 pair per person per year). Travel and accommodation limit of \$400 applies, and \$800 annual limit for school accident benefit.

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<u>https://www.ambulance.qld.gov.au/</u>). This includes cover whilst interstate.

Other features of this ambulance cover

If you are a resident of QLD you're covered under your state ambulance service scheme Australia-wide and benefits for ambulance services are not payable under your HCF policy.

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.