HCF

YOUR MEMBER GUIDE

JUNE 2018

WELCOME TO HCF

Not for profit means investing in you, not shareholders. This guide is designed to help you get the greatest value and benefit from your HCF membership and most importantly, your health.

START MAKING THE MOST OF YOUR MEMBERSHIP

1

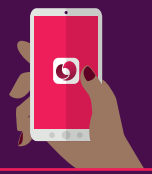
REGISTER FOR ONLINE MEMBER SERVICES

The easy way to manage your membership, view your cover details and register your email address to receive important notifications. Go to **hcf.com.au/members** to get started.

2

DOWNLOAD OUR MEMBER APP

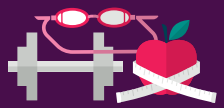
Use our *My Membership* app to claim for extras, check remaining limits, update your contact details and much more. Available for Apple and Android.



3

REWARDS FOR OUR MEMBER

Go to page 14 to see our great range of special offers and benefits through HCF Thank You. See pages 16 and 17 for more information on our wide range of health programs on selected covers.



Not sure and need help? We'll assist you to find the solution that suits you.

CALL US
13 13 34
MON–FRI 8AM–8PM AEST
SAT–SUN 9AM–5PM AEST

GO TO
hcf.com.au

VISIT A
branch

An award-winning local call centre, 50+ branches nationwide and great online resources.

This guide applies to all HCF health insurance policies except for the following Overseas Visitors Health Cover products: Basic, Mid, Top, Top Plus, Short Stay, Essentials and Essentials Plus.

GET GREAT VALUE WITH AUSTRALIA'S BIGGEST NOT FOR PROFIT HEALTH FUND

We believe that your health is not for profit. With more than 1.5 million lives covered, you can feel confident in choosing us as your health partner.

HERE ARE JUST SOME OF THINGS WE DO AT HCF TO GIVE GREAT VALUE

WE GIVE YOU MORE BACK

For every dollar our members pay in premiums, we've paid out more benefits than the industry average over the past 5 years.

FIND A PARTICIPATING NO-GAP DOCTOR

Search for a no-gap or reduced gap specialist through our partnership with Healthshare, saving you out-of-pocket costs.

WE'RE HERE FOR YOU

Speak to our Australian call centre, come and chat to us at one of our many branches around Australia, or visit a dentist at one of our dental centres. You can also get a free heart health check at select locations. See page 17 for more information.

PEACE OF MIND IN AN ACCIDENT

If you're injured in an accident and attend a hospital emergency department within 24 hours, you can get the benefits of our top level hospital cover for up to 90 days. Conditions apply. See **hcf.com.au/accident-safeguard**

GREAT MEDICAL GAP COVERAGE

We've got one of the best arrangements in the country for hospital medical treatment to help reduce your out-of-pocket expenses.

HCF THANK YOU

As an HCF member, you'll get access to a great range of exclusive offers and rewards. And the longer you stay with us the more ways we say thank you. Excludes Ambulance Only members, see **hcf.com.au/thankyou** for more.

GREAT VALUE FOR FAMILIES

You won't pay an excess for kids no matter how many times they go to hospital. And whether you have one or more children, the cost of your family cover remains the same. Excludes Accident Only cover.

100% BACK

Receive 1 or 2 no-gap dental check-ups and claim 100% back on an initial consult with a physio, chiro or osteo when you use our network of more than 10,000 participating extras providers. Subject to your cover and annual limits, see pages 6 and 7 for more information.

HOW TO MAKE A CLAIM

Before you make a claim, make sure you:

1

CHECK YOU'VE SERVED YOUR WAITING PERIODS

To find out what waiting periods may apply to your membership go to **hcf.com.au/members** or call **13 13 34**. You'll also find more information on page 9.

2

CONFIRM YOUR BENEFITS STATUS

To confirm what benefits are available on your cover, call **13 13 34**, go to **hcf.com.au/members**, email **service@hcf.com.au** or visit one of our branches.

3

TALK TO YOUR HEALTHCARE PROVIDER

It's important to understand the procedure or treatment you're having and confirm what your healthcare provider will charge.

4

HAVE YOUR ITEM NUMBER OR DESCRIPTION READY

Ask your healthcare provider to complete a description of the service including any applicable item numbers. You can always contact us for more information on **13 13 34**.

PLEASE NOTE:

- You must have served the relevant waiting period.
- Your premiums must be paid up to the date of service for you to make a claim.
- You cannot claim for goods or a service before it has been provided to you.
- Claims must be lodged within 2 years of the date on which the service was provided (or 12 months from the accident, for School Accident benefit).
- The Policyholder or Partner listed on the policy must sign the claim form or electronic claims receipt. A Dependant aged 18 years or over who holds an HCF membership card can also claim and sign for the services they've been provided.
- Your healthcare provider must be recognised by HCF.
- You must have cover for the goods or service provided.

EASY WAYS TO CLAIM ON YOUR EXTRAS

AT ANY BRANCH

Make a claim at any HCF branch **hcf.com.au/branches** by presenting your membership card and the original receipts.

We can pay the claim into your nominated bank account, or by cheque to the policyholder or provider of the service.

ON THE SPOT AT YOUR PROVIDER

The most convenient way to claim is by swiping your membership card when visiting your participating provider.

USE THE APP

Download our *My Membership* app at **hcf.com.au/mobile-apps** Available for Apple and Android.

VIA POST

You can download a claim form from **hcf.com.au/forms**, pick one up from an HCF branch, or call us on **13 13 34** and we'll post or email one to you.

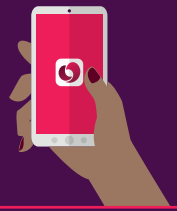
HOW TO GET 100% BACK ON SELECTED EXTRAS

All our extras covers now give you access for *More for You* programs. Our extras covers give you 100% back on selected extras like dental check-ups and an initial consult with a physio, chiro or osteo when you use our network of over 10,000 participating *More for You* program providers. Subject to your cover and annual limits.

1 CHECK YOUR COVER

To check the benefits included on your cover:

- download our *My Membership* app
- log in to the members section at **hcf.com.au/members**
- call **13 13 34**.



2 CHECK YOU'VE SERVED YOUR WAITING PERIODS

More For You programs have a 2 month waiting period, with the exception of *More For Hearing,* which is 12 months.

3 FIND A PARTICIPATING PROVIDER

1. Go to **hcf.com.au/members**
2. Login to the members section
3. Go to the 'Find a Health Professional' tab.

Depending on your level of cover and annual limits you could get 100% back for these services.

SERVICE	WHERE	WHAT YOU NEED TO KNOW
	HCF Dental Centres and participating *More for Teeth* providers across Australia	**100% back for** • a range of diagnostic and preventive services like dental check-ups, scale and clean, and a fluoride treatment.
	More for Eyes available through HCF Eyecare , Specsavers and Dresden Optics	**100% back for** • a range of prescription glasses per year (excluding add-ons such as high index material, coatings and tinting) • Free digital retinal imaging with your eye test.
	More for Hearing available through our participating hearing aid provider, Blamey Saunders Hears	**100% back or reduced cost** • on high quality hearing aids • on access to free online tools, to better understand your hearing ability.
	Through participating *More for Muscles* physiotherapists across Australia	**100% back for** • one initial consult* per year.
	Through participating *More for Backs* chiropractors and osteopaths across Australia	**100% back for** • one initial consult* per year.
	Through participating *More for Feet* podiatrists across Australia	**100% back for** • one initial consult* per year.

Per year means a calendar year starting in January and finishing in December.

^*HCF Eyecare Centres are independently owned and operated by Eyecare Holdings Pty Limited ACN 054 365 196.*
**Applies to new and eligible health conditions and flare ups where no treatment has been provided in the previous 90 days.*

NEW HCF DENTAL CENTRES OPENING SOON

We're expanding our HCF Dental Centre network and will be opening new centres across Australia throughout the year. Visit hcf.com.au/dental for location details.

WAITING PERIODS & HOW THEY AFFECT YOUR COVER

Before you can start claiming on your new health cover, there are certain waiting periods you may need to serve.

Waiting periods apply when:

- you join or upgrade* your cover
- reduce your excess or rejoin after a break in cover.

If you've switched from another health fund, you may not need to serve waiting periods, if:

- your HCF cover includes the same benefits and services as your previous cover; and
- you've served the equivalent waiting periods with your previous fund.

You'll need to have switched from another Australian registered health insurer or an international health insurer belonging to the International Federation of Health Plans, and join within 30 days of ceasing your previous membership.

Continuity of previous cover doesn't apply to loyalty limits.

If you joined during an HCF waiver offer, waiting periods are waived for extras services with waiting periods equal to or less than the waiver we're offering. Hospital services are excluded from the waiver offer.

Note: a number of services have a 12 month waiting period, including pre-existing conditions, pregnancy and birth related services.

PRE-EXISTING CONDITIONS OR AILMENTS

A pre-existing condition, illness or ailment is one where the signs or symptoms existed at any time during the six months before the day you joined HCF or upgraded your cover, even if a diagnosis may not have been made. HCF will appoint a medical practitioner to examine information provided by your doctor, together with other relevant claim details, to assess whether an ailment is pre-existing. A 12 month waiting period will apply to members with a pre-existing condition or ailment, if they are a new member or an existing member that has upgraded their cover, or a child not previously added to the policy.

WAITING PERIODS

HOSPITAL	
Pre-existing ailments or conditions	12 months
Pregnancy and birth related services	
All other hospital services including Accident related treatment	2 months
Palliative care	
Psychiatric treatment*	
Rehabilitation services	
SAME DAY HOSPITAL TREATMENT EXCESS WAIVER (AVAILABLE ON SELECTED COVERS)	
All hospital services (where not for pre-existing ailments)	2 months
Pre-existing ailments or conditions	12 months
EXTRAS	
Foot orthotics	12 months
Pre-existing ailments and conditions	
Dental bleaching, crowns and bridges	
Indirect fillings	
Dentures	
Endodontics	
Hearing aids	
Occlusal therapy	
Oral surgery	
Orthodontics	
Periodontics	
Prosthodontics	
Veneers	
Artificial aids (e.g. low vision aids, blood glucose monitors)	12-24 months
School Accident Benefit	2-12 months
All other extras services	2 months
AMBULANCE	
Emergency ambulance	1 day

These waiting periods apply to services covered by your policy.

**Members who have held a hospital cover for at least 2 months and upgrade to receive psychiatric treatment as a Covered Service may not be required to serve the waiting period for psychiatric treatment. This exemption can only be accessed once in a member's lifetime.*

HAVING A BABY?

If you're pregnant and on a single membership, to cover your child from their date of birth make sure you upgrade to a family or single parent membership within 2 months of the birth of your child.

If your child is not added to your policy within this time frame, your child won't be covered for procedures that occur during the initial 2 month waiting period.

THE GAP

Your checklist and things you need to know before heading to hospital.

Sometimes there's a difference between how much a doctor or a hospital charges you and the benefits HCF pays, so there could be an amount you'll need to pay. This is known as **'the gap'**.

At HCF, we work hard to establish arrangements with healthcare providers to reduce (or eliminate) this gap for our members.

WHAT YOU NEED TO KNOW

Before you receive treatment as a private patient in a private or public hospital, you should ask your:

- treating health professional
- the hospital
- and HCF

about any out-of-pocket expenses you'll have to pay ('the gap').

Many hospital and medical services and procedures don't incur a gap, however if your treatment or the hospital admission does have a gap, you should know upfront what the cost to you will be before you are admitted or have the treatment. Being aware of these costs and consenting to them is known as Informed Financial Consent (IFC). For a definition of IFC please see page 33.

HOSPITAL GAP

Private hospitals charge for accommodation, operating theatres, Prostheses and other hospital related services. HCF has agreements with the majority of private hospitals and day surgeries (known as participating private hospitals) across Australia.

This means you won't pay additional costs for services covered under your policy and under our agreement with the participating private hospital (except Minimum Benefit services and admissions where excluded services are provided). This is subject to any excess you have on your policy, medical gaps (see below) and the conditions relating to your hospital cover.

HCF hospital will only cover inpatient services (from when you're officially admitted to hospital to when you're officially discharged), however they don't cover outpatient services before or after your hospital admission.

If you're at a non-participating private hospital or a private patient in a public hospital or received Minimum Benefit services, Minimum Benefits will apply and you may incur significant additional expenses, in addition to your excess and medical gaps.

Minimum Benefits means the minimum default Benefit level payable by HCF for Hospital Treatment as set out under the *Private Health Insurance Act* and rules made under it from time to time.
To check if your planned hospital admission will be in a participating private hospital, please visit **hcf.com.au/participatinghospitals**, drop into a branch or call us on **13 13 34**.

Please note: these agreements are updated from time to time and subject to change.

MEDICAL GAP

Medical services provided while you are admitted to hospital (like doctors', anaesthetists' and surgeons' fees, and diagnostic services such as x-rays, scans and blood tests) are charged separately from hospital services. Medicare covers 75% of the Medicare Benefits Schedule (MBS) fee for these charges and HCF covers the remaining 25% (for eligible services). However, many providers charge more than the MBS fee, so you may face additional out-of-pocket expenses (known as the 'medical gap').

HCF has arrangements (under our Medicover or other medical agreements) with over 35,000 doctors across Australia which help eliminate or reduce gaps for in hospital doctors' services for our members.

Please note: these agreements are updated from time to time and subject to change.

EXTRAS

Under HCF extras, we will pay a set amount of benefits for services, subject to annual limits. The amount of benefits will vary depending on your cover. You must pay the difference between what the extras provider charges and the benefits we pay.

PROSTHESES

Prostheses are items used in surgery to augment or replace a part of the body (like pacemakers, stents or joint replacement devices). Government approved Prostheses that have been surgically implanted are covered by your HCF hospital cover. If a government approved gap-permitted Prosthesis item is used you may have to pay the gap. Ask your doctor which Prosthesis is best for you and if the no-gap option is available. See page 34 for the definition of a Prosthesis.

YOUR GAP CHECKLIST

ASK YOUR TREATING SPECIALIST:

- [ ] What type of treatment or procedure will I have?
- [ ] What are the item numbers for the procedure/treatment?
- [ ] How much is your fee?
- [ ] Will you participate in HCF's Medicover arrangement?
- [ ] Will I have to pay a gap? If so, how much will it be?
- [ ] If I have to pay a gap when and to whom do I pay it?
- [ ] What if I can't afford the gap?
- [ ] Which other doctors and medical staff will be involved in my treatment?
- [ ] How can I obtain information on their fees?
- [ ] What will my total costs for the treatment be?
- [ ] Am I having a surgically implanted Prosthesis and will I need to pay a gap?

ASK YOUR HOSPITAL:

- [ ] Do you have an agreement with HCF?
- [ ] Will I have a gap (excess or other cost) to pay for any hospital accommodation?
- [ ] Will all my hospital costs be covered by HCF?
- [ ] Will I incur any other out of pocket expenses during my time in hospital?
- [ ] If I have to pay a gap or any out of pocket expenses, when do I have to pay them?

ASK HCF:

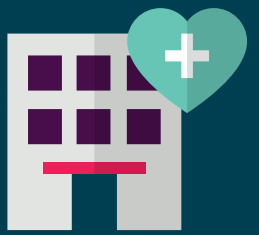
- [ ] Does my policy cover me for this?
- [ ] Do I need to pay an excess or any additional charges? If so, how much?
- [ ] Do I need to pay extra for my hospital accommodation, doctor's fees or anyone else involved in my treatment?

PREPARING FOR HOSPITAL

If you need to go to hospital, understanding more about your procedure can provide welcome peace of mind.

Our online resource will help you understand how it works, how to prepare, what to expect in hospital, what aftercare you may need and get an idea of average cost using our cost indicator tool.

hcf.com.au/preparing-for-hospital



MEDICOVER

HCF Medicover is a direct billing scheme, which allows members to receive medical services that have no-gap (e.g. no extra cost to you) or a known gap (an expense you'll have to pay, capped to maximum of $500 per doctor, per episode) when doctors charge under the HCF Medicover terms and conditions, and if the treatment took place in a private hospital or day surgery with an agreement with HCF.

HOW MEDICOVER WORKS

HCF Medicover is our doctor services arrangement. A doctor must choose whether they are a No-Gap or a Known-Gap Provider – they can't be both. If your doctor is registered with HCF as a No-Gap Provider and chooses to participate for your procedure, you should have no medical gap to pay for their services at an HCF Participating Hospital.

If your doctor is registered with HCF as a Known-Gap Provider and chooses to participate, your out-of-pocket costs (medical gap) should be capped at $500 for all their services related to your admission at an HCF Participating Hospital.

Please note: Doctors can choose to participate in HCF's Medicover arrangement on a patient-by-patient basis. If they are a No-Gap Provider and charge a gap (or charge you above the $500 capped gap amount if they are a Known-Gap Provider) only the MBS benefits will apply for their services provided in HCF Participating Hospitals.

If there is a medical gap amount you may have to pay, you should be informed of this and given your Informed Financial Consent (IFC) before the medical services are provided.

A list of doctors who are registered for HCF's Medicover arrangements is available at **hcf.com.au**. This list is updated regularly and subject to change. Always ask your doctor if they participate in Medicover No-Gap or Known-Gap, before your hospital admission. Remember if you will incur any out-of-pocket expense (medical gap) the doctor/s should let you know before any treatment. You will also need to find out which other doctors may be involved and whether they will participate in Medicover.

WHAT YOU COULD PAY	
MEDICOVER NO-GAP MBS fee fully paid by HCF and Medicare	**You pay:** **$0**
MEDICOVER KNOWN-GAP MBS fee fully paid by HCF and Medicare	**You pay:** **up to $500** per procedure per doctor
DOCTOR OPTS OUT MBS fee fully paid by HCF and Medicare	**You pay:** the difference between the doctor's charge and the MBS fee

Medicare Benefits Schedule (MBS) fee is the standard Medicare fee set for your procedure, and is subsidised by the Australian Government.

Please note: This relates to Medical services only – you may have to pay an excess or other costs associated with your hospital stay.

REBATES, SURCHARGES & INCENTIVES

Changes to private health legislation can affect your health cover. Here's some helpful information on how to get your maximum entitlements and avoid unnecessary expenses.

AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

To help make private health cover more affordable, the Australian Government provides a rebate on your health insurance premium. The rebate is available to people with hospital, extras orambulance cover and who are registered with Medicare. The rebate is income tested, so your entitlement may change depending on your income and your age.

You can take the rebate as:

- a reduced premium OR
- a tax offset credit in your annual tax return.

When calculating your income be sure to include taxable income, fringe benefits, reportable superannuation contributions, net financial investment losses and more. You may have to pay additional tax if you nominate an incorrect rebate tier.

We can provide you with general information on these thresholds; for personal advice specific to your circumstances you should consult your accountant, financial adviser or the ATO at **ato.gov.au** or on **13 28 65**.

See **privatehealth.gov.au/healthinsurance/incentivessurcharges** for the list of rebate percentages.

MEDICARE LEVY SURCHARGE

The Medicare Levy Surcharge is an Australian Government initiative designed to encourage high-income earners to be responsible for their health care. It only applies if you will earn above this year's income threshold and don't have eligible private hospital cover. You can avoid paying this by having eligible HCF hospital cover.

If you don't have eligible private hospital cover and fall into these income thresholds, you'll be charged an additional surcharge on your Medicare levy when your tax return is assessed.

To view this year's income thresholds and Medicare Levy Surcharge information, go to **privatehealth.gov.au/healthinsurance/incentivessurcharges**

LIFETIME HEALTH COVER

Lifetime Health Cover (LHC) is a Government initiative that encourages people to take out hospital insurance earlier in life, and maintain their cover.

In some cases, you may be exempt or fit into a special circumstances category. If you don't have hospital cover with an Australian registered health fund on 1 July following your 31st birthday, and then decide to take out hospital cover later in life, you could pay a 2% loading on top of your premium, for every year you are aged over 30.

For example, if you take out hospital cover at age 40 you could pay 20% more than someone who first took out hospital cover at age 30. The maximum loading is 70%. Once you have paid a LHC loading for 10 continuous years, the loading is removed.

For members transferring from another fund, if your LHC loading differs to what was advised, upon receipt of the transfer certificate, your premiums may change accordingly.

The Australian Government Rebate does not apply to the LHC component of private health insurance. This means if you are eligible for the rebate and also have a LHC loading, the rebate won't apply to the LHC portion of your health insurance. To find out if you need to pay the LHC loading, you can use the Lifetime Health Cover calculators at **privatehealth.gov.au** (and search for Lifetime Health Cover).

For more information, visit **hcf.com.au** or call **13 13 34**.

MORE FOR OUR MEMBERS

We offer more than just great health cover. As an HCF member you have access to a fantastic range of additional benefits, rewards and offers.

INVOLUNTARY UNEMPLOYMENT ASSISTANCE

We'll pay your HCF health insurance premiums if you become involuntarily unemployed. Available to eligible Policyholders with hospital cover, up to a maximum period of 183 days.

Excludes extras only, Ambulance Only and Overseas Visitors Health Cover. Conditions and waiting periods apply.

To find out more go to **hcf.com.au/unemployment-assistance**

FREE SUBSCRIPTION TO HEALTH AGENDA MAGAZINE

Health Agenda is a quarterly magazine empowering our members to make healthier choices. It's packed with insightful articles on nutrition, fitness, technology, and physical and mental health.

Members receive the magazine for free – simply enter your details at **hcf.com.au/subscribe** and we'll pop it in the post. While you're there, update your email address so we can keep you informed on monthly offers, competitions and health information.

THANK YOU FOR CHOOSING US

We know that choosing a health fund is a big commitment so to recognise your loyalty you'll get access to a great range of exclusive offers and rewards. And the longer you stay with us, the more ways we can say thank you.

HCF Thank You has four different tiers based on your time with us. Depending on your tier you get access to a range of different offers and rewards. Login at **hcf.com.au/members** for more.

TRAVEL INSURANCE

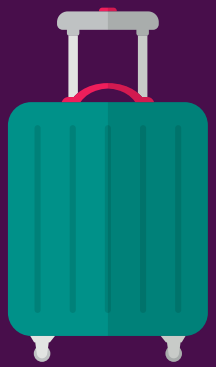
Going on holidays? Take advantage of our discounted rates on travel insurance.

SAVE UP TO 20% ON HCF TRAVEL INSURANCE

Choose from international budget, comprehensive or annual plans that cover medical and dental expenses, delays, lost luggage and more.

Staying closer to home? We also offer cover for Australian domestic travel.

Visit **hcf.com.au/travel** to find out more.



All HCF members are eligible for at least 10% discount on HCF Travel Insurance. HCF Emerald members get 15% discount, and Ruby and Diamond members get 20% discount. HCF Travel Insurance is issued by QBE Insurance (Australia) Ltd ABN 78 003 191 035 AFSL 239545. This product is not available directly from QBE. Any advice here does not take into account your objectives, financial situation or needs. Consider the PDS at **hcf.com.au/travel** before making any decisions about this product. Terms and conditions apply.

PET INSURANCE

Help protect your fur babies with discounted rates on pet insurance.

SAVE UP TO 15% ON HCF PET INSURANCE

If you have a cat or dog, HCF pet insurance can help with vet bills, providing up to 80% back.

Visit **hcf.com.au/petinsurance** to find out more.

All HCF members are eligible for at least 10% discount on HCF Pet Insurance. HCF Ruby and Diamond members get 15% discount. Existing HCF Pet Insurance policies will have the relevant discount automatically applied at renewal. Please note that HCF Pet Insurance is general insurance issued and underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241436, and is not part of The Hospitals Contribution Fund of Australia Limited's (HCF) health insurance business. Please read the PDS and do not assume that pet insurance and health insurance are similar. HCF Pet Insurance is distributed and promoted by HCF AFSL 241414 and administered by Petsure (Australia) Pty Ltd ABN 95 075 949 923 AFSL 420183. Consider the PDS at **hcf.com.au/petinsurance** before making any decisions about this product. Terms, conditions, waiting periods and exclusions apply.

HEALTH & WELLBEING PROGRAMS

We want you to get the most out of life. We offer a range of health support and wellbeing programs and services to help you make a positive change and be your healthiest self.

FIND A PARTICIPATING NO-GAP DOCTOR

We're the first private health insurer to partner with Healthshare to help you and your GP find a specialist that will charge no-gap or a reduced gap.

Available free to all Australian GPs, our members and non-members, the tool can help you access the right information on the Healthshare website to make a better-informed health decision and minimise your out-of-pocket costs.

hcf.com.au/findaprovider

PREPARE FOR YOUR HOSPITAL VISIT

When you need to go to hospital, understanding more about your procedure can provide welcome peace of mind.

Our online resource will help you understand how it works, how to prepare, what questions to ask, what to expect in hospital, what aftercare you may need and an idea of average costs using our cost indicator tool.

hcf.com.au/preparing-for-hospital

A GP AT YOUR FINGERTIPS

We've partnered with online GP service GP2U which allows you to book and receive a GP consultation via mobile or desktop. Online GP consultations can't be claimed from Medicare or private health funds, but as an HCF member you can save up to 20% on GP2U's standard rates.

hcf.com.au/gp2u

DISCOVER OUR ANTENATAL AND POSTNATAL SERVICES

On eligible covers, you may be able to claim for a range of programs and services to guide and support you through pregnancy and after birth. A 2 month waiting period applies.

Programs and services include:

- Childbirth education classes – face-to-face in hospital, as well as access to Birth Beat's online courses
- Breastfeeding consultations
- Antenatal and postnatal group physio.

You may also claim benefits back on:

- Pregnancy compression garments
- Breastfeeding support services provided by the Australian Breastfeeding Association.

hcf.com.au/family

MANAGE YOUR WEIGHT FOR CHRONIC CONDITIONS

Our free Healthy Weight For Life programs help improve your quality of life if you're overweight and have Type 2 diabetes, a chronic heart condition or osteoarthritis. You must have held an eligible hospital product for 12 months.

hcf.com.au/hwfl

FREE VICTOR CHANG HEART HEALTH CHECKS

The Victor Chang Cardiac Research Institute conducts roving free heart health checks for HCF members aged 18 and over with extras cover at selected HCF branches.

hcf.com.au/victorchang

EXERCISE CLASSES AND GYM MEMBERSHIP FEES

If you have a specific medical condition and your doctor has prescribed an exercise program, you may be able to claim benefits towards it on eligible extras products. A 2 month waiting period applies.

hcf.com.au/healthmanagement

CLAIM ON WEIGHT MANAGEMENT PROGRAMS

To help you achieve a healthy weight, you may be able to claim on eligible extras products towards dietitian-led HCF approved weight management programs. A 2 month waiting period applies.

hcf.com.au/healthmanagement

LEARN TO SWIM COURSES

You may be able to claim for swimming lessons run by swim schools that are: ASSA members, AUSTSWIM (Gold and Silver level) or Swim Australia swim centres. Squad training or recreational swimming is not covered. You must have held an eligible extras product for at least 2 months.

hcf.com.au/healthmanagement

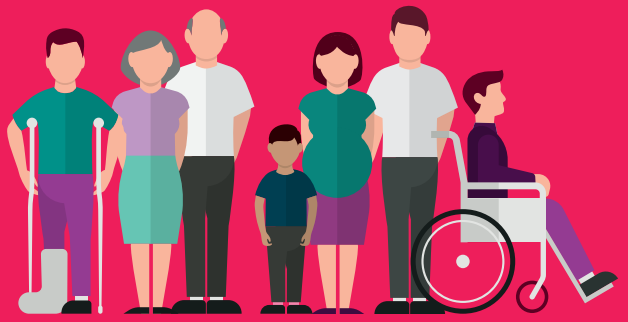
BOWEL CANCER SCREENING

If you're outside of the free testing ages through the National Bowel Cancer Screening Program, you may be eligible to claim towards the bowel cancer screening kit under your extras cover. A 2 month waiting period applies.

hcf.com.au/healthmanagement

CASH ASSIST
FOR THE UNEXPECTED

A range of low-cost life insurance products that help pay for the things that your health insurance may not.



FOR KIDS

KIDS ACCIDENT COVER

Pays a lump sum if your insured child gets accidentally injured#.

- Available for children aged 0–17
- Pays a benefit of up to $100,000
- Covers many common fractures and breaks
- Easy to apply – no medical questions or examinations
- No waiting periods
- Make multiple claims up to a maximum of $100,000 per child
- Costs only 90 cents per week per child.

FOR UNDER 30S

BOUNCEBACK COVER

Protection for young people against common accidents and illnesses.

- You can apply if you're aged 16–30
- Pays a benefit of up to $100,000
- Easy to apply – no medical questions or examinations
- Covers surgery for illnesses like tonsillitis and appendicitis
- Covers many common fractures and breaks
- Make multiple claims up to a maximum of $100k
- Costs $7 per week^
- Waiting period: 90 days for all covered cancers and heart conditions.

FOR ADULTS AND FAMILIES

CASH BACK COVER

Pays a lump sum if insured person suffers from any of the 6 major illnesses or an accident that needs surgery in an operating theatre.

- You can apply if you're aged 16–60
- Pays a $5,000 lump sum for covered accidents and illnesses
- Covers illnesses such as heart attack, stroke and certain cancers
- Easy to apply – no medical questions or examinations
- Make multiple claims up to $20,000 for singles and $40,000 for families
- $2 per week for singles and $4 per week for families
- Waiting period: 2 months for all covered illnesses.

CRITICAL ILLNESS COVER

Pays a lump sum if you're diagnosed with specified illnesses.

- You can apply if you're aged 18-54
- Choice of $25,000 and $50,000 levels of cover
- Includes cover for illnesses such as heart attack, stroke and certain cancers
- Easy to apply – no medical questions or examinations
- Costs from $2.30 per week for singles and $4.60 per week for families
- Waiting period: 90 days for all covered illnesses.

Please consider each Product Disclosure Statement and Financial Services Guide available by calling 13 13 34 or visiting hcf.com.au/life-insurance, and consider your financial situation, objectives, and needs before deciding on these products as any advice provided does not take these into account. These covers are issued by our own HCF Life Insurance Company Pty Ltd. ABN 37 001 831 250, AFSL 236 806 (HCF Life). HCF Life is a wholly owned subsidiary of The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746, AFSL 241 414 (HCF). The premiums for the life insurance products are paid to HCF Life. HCF receives commission from HCF Life for their sale of 40% of the first year's premium plus an additional commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses. HCF's staff receive an incentive depending on the annual premium of these products which they sell. This will not exceed 20% of the first year's premium.

FOR ADULTS AND FAMILIES

INCOME ASSIST INSURANCE

Pays you a monthly benefit if you can't work due to sickness or injury.

- You can apply if you're aged 18–54
- Pays up to 75% of your average monthly income (maximum of $6,000 per month)
- Pays a monthly income for up to 12 months
- Available to those working 21 hours or more per week+
- Additional benefits for expenses incurred on child care and care during bed confinement
- Cost depends on age, gender and occupation
- Waiting period: First 30 days of each period you are unable to work.

SMART TERM INSURANCE

Pays a lump sum to your loved ones to help them with the financial costs if you were to suffer a terminal illness or were no longer around.

- You can apply if you're aged 18–54
- Choose up to $500,000 cover
- Early payment if you're diagnosed with a terminal illness
- Advance payment of $10,000 to cover funeral expenses~
- Easy to apply – no medical questions or examinations
- Cost depends on age, gender, smoking status and choice of benefit amount.

FOR OVER 55

PERSONAL ACCIDENT INSURANCE

Covers over 55s for specified injuries or death as a result of an accident.

- You can apply if you're aged 55–74
- Choice of $25,000 and $50,000 levels of cover*
- Easy to apply – no medical questions or examinations
- Covers a range of specified fractures, dislocations and burns
- Costs from only $3.20 per week for singles and $6.40 per week for couples.

Please note: all covers exclude pre-existing conditions.

 # Accident should result in immediate impairment or permanent disability within 6 months.

^ Premium will be $1 per day until you reach the age of 35, after which premiums will be based on your age.

+ Should have been employed for the past 12 months with the same employer or in the same occupation.

** Level of cover and benefit payable for each specified injury and accidental death will be halved for accidents occurring after you reach age 80.*

~ Funeral advancement benefit is only payable on accidental death for the first 3 years and for death from any cause after 3 years.

For more information on these products:

CALL US **13 13 34**

GO TO **hcf.com.au/life-insurance**

MANAGING YOUR POLICY

If you need to update your details, change your level of cover or suspend your policy, here's what you need to do.

COMMUNICATION

We will communicate important information with you (e.g. by telephone, SMS, electronically, or mail) about our current and new covers and services, including changes, and/or participation in any programs we develop.

CHANGING YOUR DETAILS

If your contact details change, please advise us by:

Website: **hcf.com.au/members**
Phone: **13 13 34**
Email: **service@hcf.com.au**
Mail: HCF, GPO Box 4242, Sydney NSW 2001
In person: Visit any HCF branch

YOUR MEMBERSHIP CARD

You'll receive your membership card/s by mail, within five business days after joining HCF. If you lose your card, log in to the Members' section at **hcf.com.au/members**, drop into an HCF branch or call **13 13 34**.

CHANGING TO A DIFFERENT LEVEL OF COVER

If you want to change your level of cover, just download an application form from **hcf.com.au**, call **13 13 34**, email **service@hcf.com.au** or visit an HCF branch. The transfer will activate on the date your application is received by HCF or the date you select. If your new cover gives new or higher benefits, or a lower excess, waiting periods, including the pre-existing ailment rule, may apply.

Please note that changing to a different level of cover or withdrawing from hospital cover may have an effect on your Lifetime Health Cover and Medicare Levy Surcharge status (see page 13).

FUND RULES

All members on the policy should be aware of and abide by the Fund Rules, which details the rules that apply to your HCF membership. You can view a copy of the Fund Rules at **hcf.com.au/fundrules**. HCF reserves the right to amend, delete or add to these rules at any time, subject to the *Private Health Insurance Act 2007* and its rules.

OTHER CONDITIONS THAT APPLY TO YOUR COVER

- When making a claim, the Policyholder must comply with procedures prescribed by HCF and must supply all information required in the form requested. HCF will not be liable for any costs associated with the supply of such information.
- HCF reserves the right to recover any monies obtained fraudulently or in error, or by other means contrary to our rules.
- Benefits can only be paid when we are provided with an itemised account and receipt from the provider and signed claim form.
- If you present a claim accompanied by an account only and no receipt, the cheque will be made out to the service provider.

SUSPENDING YOUR COVER

You can apply to suspend your membership if you're travelling overseas, receiving a Newstart Allowance or Sickness Allowance from Centrelink, or for a reason approved by HCF. Please note that all individuals on the suspended policy won't be covered for the period of suspension. Suspension is at HCF's absolute discretion.

Conditions include:

- the minimum period of suspension is 30 days
- the maximum period of suspension is 2 years, after which time the membership will lapse
- no benefits are payable to a member during the period of suspension
- the period of suspension doesn't count towards waiting periods and loyalty benefits will not increase
- the additional Medicare Levy Surcharge may be payable for the period of suspension, depending on your annual taxable income
- a member wishing to suspend their cover for travel reasons must advise HCF before leaving Australia
- active and financial membership must be held for more than six months before suspension and at least six months between suspensions
- a membership cannot be suspended more than once in a 12 month period.

To maintain the cover provided, please call **13 13 34** to arrange for the premiums to be paid while your health cover is suspended.

Cash Assist options and life insurance policies cannot be suspended. You can't suspend if you're on Overseas Visitors Health Cover.

TO RESUME COVER

Your policy must be resumed within 30 days of no longer receiving a Newstart Allowance or Sickness Allowance from Centrelink, or within 30 days of your return to Australia and it will be in effect from the date of your return to Australia.

An Application to Resume Membership and Payment Authority Form (if applicable) must be completed and submitted to us, together with proof that benefits were being received (i.e. a letter from Centrelink or current employer) or proof of departure and arrival into Australia.

Forms can be downloaded from **hcf.com.au/forms**

CANCELLING YOUR COVER

HCF requires the Policyholder to provide notice in writing if you want to cancel your membership. Any premiums paid in advance of the effective cancellation date will be refunded in full, provided you haven't made a claim after your cancellation date.

If you do want to cancel your cover, we'd like to discuss your reasons with us first and hopefully find alternatives that won't affect your lifetime health cover status, so please call us on **13 13 34**.

Lifetime Health Cover loading may apply if you don't maintain your hospital cover from age 31. See **privatehealth.gov.au** for more information.

TERMINATION OF MEMBERSHIP

HCF will not terminate the membership of any member on the grounds of their health.

However, HCF may terminate any membership if:

a) Any member included in the membership has committed or has attempted to commit fraud
b) The application for membership is discovered to be incomplete or incorrect
c) The member has another membership with another health fund
d) The membership is in arrears of more than two months
e) Any member included in the membership has, in the opinion of HCF, behaved inappropriately toward HCF staff, providers or other members.

HCF will give written notice of termination to the Policyholder and will refund any premiums paid in advance, as at the date of termination.

30 DAY GUARANTEE

We want you to be happy with your health cover and the choice you've made.

- If you change your mind and cancel your HCF policy within 30 days of joining, we'll give you a 100% refund as long as you haven't made a claim in that period.
- As an existing member you have 30 days to change your mind about the level of cover you've chosen and an adjustment of premiums and any claims may be required.

RECOVERY OF MONIES

If HCF makes a payment to a member in error, HCF can lawfully recover the benefit paid from that member within 24 months of making the payment. The amount can be recovered if it has been paid directly to the member or to a third party (like a hospital) for goods or services provided to the member.

If a refund is provided to a member, benefits paid to the member must be returned to HCF.

UPDATING YOUR PAYMENT METHOD

No problem. It's quick and easy, and there's a wide range of alternative payment options to choose from.

HOW DO I CHANGE MY PAYMENT METHOD?

- Visit **hcf.com.au/members**
- Call us on **13 13 34**
- Visit your nearest HCF branch.

CONVENIENT WAYS TO PAY

1. Direct debit (Ezipay) via your credit card or bank account.
2. Payroll deduction via your employer. Payroll deductions are available only when your employer has an arrangement with HCF.
3. Phone **13 14 39** for self service and to pay by credit card 24 hours a day.
4. Visit **hcf.com.au/members** to pay by credit card online.
5. Visit **hcf.com.au/bpay**
6. Visit your nearest branch to pay by credit card, cheque or money order. Please note only credit card payments are accepted at kiosks.

What if I fall behind in my payments?

Your premiums must be paid in advance. If your premiums are more than two months in arrears, your membership will automatically cease. If you decide to rejoin, the normal waiting periods will apply, including the pre-existing conditions and ailment rule (see pages 8-9). Lifetime Health Cover loading may also apply (see page 13).

DIRECT DEBIT CUSTOMER SERVICE AGREEMENT

The Direct Debit Customer Service Agreement applies when you pay your premiums using a direct debit facility with your bank, building society or credit union. Your Direct Debit Customer Service Agreement with us is as follows. The agreement details your rights and responsibilities when undertaking a direct debit arrangement with us. We guarantee to abide by this service agreement so that a trusting relationship is maintained between us and you.

Please read these direct debit terms and conditions carefully

- You should check with your financial institution to see if direct debit is available to you
- We will advise your financial institution to debit your selected account on your nominated debit date. If your debit date occurs on a non-business day, the debit will be made on the next business day
- Your nominated debit amount will not vary unless:
  - your premiums are not in advance of your initial debit date
  - your premiums are not owing prior to your initial debit
  - you change your level of cover which has a different premium rate
  - you relocate to another state that has a different premium rate
  - you change your payment frequency or payment method
  - your entitlement to the Australian Government Rebate is varied
  - your Lifetime Health Cover loading is varied
  - you change your debit date
  - your premium was returned unpaid by your financial institution
  - you resume your membership after a suspension period
  - your premium rates change.
- Your premiums are payable to cover periods in advance of your nominated debit date
- We reserve the right to cancel your direct debit if three or more consecutive debits are returned unpaid from your financial institution. We will advise you of alternative payment arrangements to ensure your health cover continues
- Where the account is not in the name of the HCF Member, the account holder is entitled to cancel the direct debit.

CHANGES TO YOUR MEMBERSHIP AND DEBIT DETAILS

To cancel your direct debit arrangements, change your payment frequency or request to defer your premiums, you must notify us by phone or email no later than two business days prior to your next debit date. To request a change to your level of cover, you must notify HCF no less than three business days prior to your next debit date.

OUR COMMITMENT TO YOU

- New members will receive confirmation of their direct debit details within 5 business days prior to the first debit date
- If you change any direct debit details, we will confirm the change in writing (via letter or email), no later than 5 business days from receiving your request
- If we have taken the wrong amount from your account, please contact us on **13 13 34** during business hours or visit a branch and one of our staff will arrange a refund as soon as possible
- If there is still a problem, it will be resolved in no more than 7 business days after notification. Where a problem arises with your financial institution, we will liaise with them and keep you informed of progress until resolution
- Your account details will be kept private and confidential.

YOUR RESPONSIBILITIES

- Make sure the details on our letter of confirmation are correct and your account details are identical to details held by your financial institution
- Make sure sufficient cleared funds are available in your nominated account to meet the debit on the due date. Where there are insufficient funds to cover your debit, your financial institution may charge you a fee
- Advise us promptly if you close your account or if your account details change
- Where the direct debit payment has previously been stopped by you at your financial institution, you need to contact them to re-activate your HCF Direct Debit Request.

Please visit **hcf.com.au/forms** to download a direct debit form, call **13 13 34** or log onto members section and update your direct debit details to **hcf.com.au/members**

THINGS YOU NEED TO KNOW

No problem. It's quick and easy, and there's a wide range of alternative payment options to choose from.

HOSPITAL COVER IN-PATIENT SERVICES

Hospital benefits are payable when you're admitted to hospital for treatment. These are called 'in-patient' services, and only in-patient services are covered by your hospital cover.

MINIMUM BENEFITS

From time to time, the Commonwealth Minister for Health sets out a rate for Minimum Benefits. These Minimum Benefits may apply to some procedures under some hospital cover. If this is the case under your cover, HCF will pay the Minimum Benefit for a shared room and benefits for Government approved Prostheses List items. When Accident Safeguard applies, you'll receive the same Benefits as those for Covered Services.

Minimum Benefits differ in private and public hospitals:

Private hospital: Minimum Benefits wouldn't cover all the hospital costs and there could be significant out-of-pocket expenses for you to pay.

Public hospital: If you elect to be a private patient in a public hospital, you may have to pay out-of-pocket expenses if Minimum Benefits are less than what your chosen public hospital charges or don't cover all hospital costs.

EXCLUDED SERVICES

If you choose a hospital cover where some procedures are excluded then nil benefits apply for the episode of care, except when Accident Safeguard applies. If multiple procedures are provided in a single episode of care and one procedure is excluded then nil benefits apply for the entire episode of care.

Excluded Services in a private hospital: You are responsible for all hospital charges and could have significant out-of-pocket expenses.

Excluded Services in a public hospital: If you elect to be a private patient in a public hospital, you are responsible for all hospital charges and could have significant out-of-pocket expenses.

HOSPITAL GAP

Private hospitals charge for accommodation, operating theatres, Prostheses and other hospital related services. HCF has agreements with the majority of private hospitals and day surgeries (known as participating private hospitals) across Australia.

This means you won't pay additional costs for services covered under your policy and under our agreement with the participating private hospital (except Minimum Benefit services or episodes that include excluded services). This is subject to any excess you have on your policy, medical gaps (see below) and the conditions relating to your hospital cover.

HCF hospital will only cover in-patient services (from when you're officially admitted to hospital to when you're officially discharged), however they don't cover outpatient services before or after your hospital admission.

If you're at a non-participating private hospital or a private patient in a public hospital or received Minimum Benefit services, Minimum Benefits will apply and you may incur significant additional expenses, in addition to your excess and medical gaps.

To check if your planned hospital admission will be in a participating private hospital, please visit **hcf.com.au/participatinghospitals**, drop into a HCF branch or call us on **13 13 34**.

Please note: these agreements are updated from time to time and subject to change.

MEDICAL GAP

Medical services provided while you are admitted to hospital (like doctors', anaesthetists' and surgeons' fees, and diagnostic services such as x-rays, scans and blood tests) are charged separately from hospital services. Medicare covers 75% of the Medicare Benefits Schedule (MBS) fee for these charges and HCF covers the remaining 25% (for eligible services). However, many providers charge more than the MBS fee, so you may face additional out-of-pocket expenses (known as the 'medical gap').

HCF has arrangements (under our Medicover or other medical agreements) with over 35,000 doctors across Australia which help eliminate or reduce gaps for doctors' services for our members.

Please note: these agreements are updated from time to time and subject to change.

EXTRAS

Under HCF extras, we will pay a set amount of benefits for services, subject to annual limits. The amount of benefits will vary depending on your cover. You must pay the difference between what the extras provider charges and the benefits we pay.

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you:

- Elective Cosmetic Surgery;
- If a Service is listed as an exclusion in the Product Information. For some Hospital Covers, an exclusion may not apply when a Member receives Treatment as the result of an Accident (see **hcf.com.au/accident-safeguard**). For other Hospital Covers, the Service is excluded regardless of whether or not Treatment is required as a result of an Accident;
- Claims made two years or more after date of service;
- When a Member has the right to recover the costs from a third party other than HCF, including an authority, another insurer or under an employee benefit scheme;
- The 12 month waiting period for Pre-Existing Conditions applies to new members and members upgrading their Policy to any higher level Benefits under their New Policy. It doesn't apply to psychiatric treatment, rehabilitation or palliative care which have a waiting period of 2 months;
- Services received during any period where payment is in arrears, the Policy is not financial, the Policy is suspended or within a Waiting Period;
- Treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice;
- Any Service where the Treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules;
- Emergency room fees;
- Services that are not delivered face to face, such as online or telephone consultations, unless a Member is participating in an HCF Chronic Disease Management Program or Health Management Program;
- Services supplied by a provider not recognised by HCF;
- Services provided outside Australia;
- Ambulance transfers between Hospitals (emergency or non-emergency); or
- Claims that do not meet HCF's criteria as set out in the Fund Rules.

Please note: This isn't a comprehensive list of items not covered under hospital or extras cover. Please call **13 13 34** to check what you're covered for, prior to going to hospital or for treatment.

IN ADDITION, OUR HOSPITAL COVER DOESN'T INCLUDE:

- Hospital Benefits (including Medical Benefits) for Services in respect of which the claim is not approved for payment by Medicare;
- Experimental treatment;
- Experimental, high cost non-PBS Drugs and Therapeutic Goods Administration (TGA) approved Drugs used for a purpose other than that for which they were approved;
- Procedures normally performed in the doctor's surgery or as an outpatient;
- Private room accommodation for same-day procedures;
- Respite care;
- Doctors consultations performed in a doctor's surgery, medical centre, clinic or as an outpatient;
- Benefits for Nursing Home Type Patients except as determined under the Minimum Benefits requirements of the *Private Health Insurance Act*;
- Special nursing;
- Luxury room surcharge;
- Donated blood and blood products;
- Donated blood collection and storage;
- PBS pharmaceutical benefits in private Non-Participating Hospitals;
- Pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission;
- Take home items including crutches, toothbrushes and drugs;
- Personal convenience items including the cost of phone calls, newspapers, magazines and beauty salon services;
- Massage and aromatherapy services;
- Select Services provided while in Hospital by non-hospital providers;
- Benefits where a Service is an Excluded Service for the payment of Benefits in a Hospital, and any other Services including medical, diagnostic, Prosthesis and pharmacy received at the same time, except when Accident Safeguard applies;
- The gap on government approved gap-permitted Prostheses items; and
- Benefits greater than Minimum Benefits if a Service is listed as a Minimum Benefit in the Product Information. For some Hospital Covers, Minimum Benefits may not apply when a Member receives Treatment as the result of an Accident (see **hcf.com.au/accident-safeguard**). For other Hospital Covers, Minimum Benefits apply regardless of whether or not Treatment is required as a result of an Accident.

IN ADDITION, OUR EXTRAS COVER DOESN'T INCLUDE:

- Psychological and developmental assessments;
- Co-payments and gaps for government funded health services including the co-payment for PBS items;
- Psychology treatment (where included under a Policy) unless a mental health plan has been prescribed under Medicare entitlements and these entitlements have been used up for the Calendar Year;
- Services while a Hospital patient except for eligible oral surgery;
- Pharmacy items that do not meet HCF's definition of a pharmacy item (see page 34 of the Glossary);
- Services that had not been provided at time of claim;
- Fees for completing claim forms and/or reports;
- Services received overseas or purchased from overseas including items sourced over the internet;
- Where no specific health condition is being treated or in the absence of symptoms, illness or injury;
- Routine health checks, screening and mass immunisations;
- More than one therapy Service performed by the same provider in any one day;
- Where a provider is not in an independent Private Practice; and
- Add-ons for optical such as a high index material, coatings and tinting.

Please note: Our list of approved pharmacy items, artificial aids and appliances, participating hospitals and no gap providers are subject to change and updated regularly. If your cover includes any of these items and you wish to make a claim, please call us on **13 13 34** to confirm your benefits.

ADDITIONAL INFORMATION ON EXTRAS CLAIMS

ARTIFICIAL APPLIANCES

Some extras covers have benefits for certain artificial appliances like a CPAP machine or a blood glucose monitor. The aid or appliance must always meet HCF's definition of an artificial appliance (see page 31 of the Glossary).

In addition, appliances may only be eligible to claim when specified health professionals prescribe them for particular health conditions, and they provide you with a letter to support your claim. For some particular appliances, only a specified supplier can provide them. If your doctor or allied health professional prescribes a certain surgical or medical aid or appliance, it's best to call HCF on **13 13 34** to find out if you can claim a benefit. Different waiting periods apply, depending on your level of cover.

We will tell you whether the appliance is covered, whether any service limits apply and what supporting information we need from your doctor/specialist/allied health professional to allow you to make a claim.

HEALTH MANAGEMENT PROGRAMS

Some covers include benefits for Health Management Programs where you can claim benefits towards programs like swimming lessons, weight management programs, exercise regimes, childbirth education, stress management and quit smoking programs.

Before you start any program, please check with us that you're eligible to claim a benefit. The providers of the programs must be recognised by HCF. Claims for this benefit must include original receipts detailing the provider, the type of program, the program location, and the start and completion dates.

To claim towards the cost of an exercise regime, you must complete and submit an 'Exercise and Gym benefits authorisation and claim form', available at any HCF branch, **hcf.com.au/forms** or by calling **13 13 34**. This form must include your doctor's or specialist's confirmation of your specific health condition that the program addresses.

Your physiotherapist or exercise physiologist can complete the form if you are claiming for a class held by a physiotherapist or exercise physiologist. Benefits are not claimable for recreational or competitive sports or activities.

HEARING AIDS

Some extras covers include benefits for hearing aids. Your hearing aid limits renew every three years from the date you receive them, not every year. Depending on your cover, limits increase the longer your cover is in place. Please refer to the current brochure for the limits. See the definition on page 32 for more information.

ORTHODONTICS

Orthodontics is a branch of dentistry concerned with the diagnosis, prevention and treatment of problems with alignment of the teeth and jaws. Orthodontic benefits are subject to a lifetime limit and an annual limit depending on your level of cover.

You'll receive lower benefits and your overall limit will be lower if a dentist other than an orthodontist, provides the treatment. Always check with HCF before undertaking any orthodontic work.

Orthodontic treatment may involve:

- Custom made appliances e.g. to change the jaw shape
- Braces or aligners to straighten the teeth
- The fitting of a retainer to maintain the position of the teeth once the braces are removed.

Orthodontic treatment can occur on either the upper or lower jaw and teeth, or both.

How much benefit you receive depends on your level of cover; how long you've had that level of cover; whether your treatment is provided by an orthodontist or general dentist and what type of treatment you have.

Depending on your cover, you may receive more benefits if you need more than one orthodontic appliance. For example, higher benefits are paid for braces on your upper and lower teeth than braces for your upper teeth only.

No benefit is paid before the treatment takes place, even if you choose to pay for your orthodontic treatment in advance or via a payment plan. The benefits for braces or aligners can only be paid once the braces or aligners are in place. If on the spot claiming is not available at your provider, post your claim to us or visit your nearest HCF branch.

Having orthodontic work?

Please contact us on **13 13 34** so we can help you determine what you're covered for, and help you minimise any gap.

PHARMACY

A benefit may be claimable for certain pharmacy items, depending on your level of cover. If your level of cover includes pharmacy benefits, then please check the definition of an eligible pharmacy item on page 34.

Before any benefit is paid, we deduct a co-payment equivalent to the current standard Pharmaceutical Benefits Scheme (PBS) co-payment for general patients.

PSYCHOLOGY

Some covers include benefits for consultations with an HCF recognised psychologist. On covers that include psychology benefits, we will only pay benefits for patients who have been referred:

- By their general practitioner
- Onto a GP Mental Health Treatment Plan through Medicare, or directly referred by a psychiatrist or paediatrician
- Once the Medicare entitlements for the calendar year are used up.

This benefit acts as a safety net after Medicare and isn't payable in any other circumstances.

RECOGNISED PROVIDER

HCF has recognition criteria and requirements for providers. If a provider isn't recognised, or on the rare occasion a provider is de-listed, benefits cannot be claimed for services received from that provider. Providers that deliver natural therapies must have continuous membership with an association that HCF recognises.'

To find out if your service provider is recognised by HCF, call us on **13 13 34**.

SCHOOL ACCIDENT BENEFIT

If your level of cover includes School Accident Benefit, you may claim additional extras benefits if your child has an Accident in, or travelling to or from school and the costs aren't recoverable from another source. Benefits are only payable to help top up services that are included in your extras cover. This benefit does not include medical or hospital services. Claims must be accompanied by a detailed description of the Accident from the school and submitted within 12 months of the Accident. School Accident Benefit applies to children up to secondary school and is subject to the same waiting period as the extras service being claimed and an annual limit.

TRAVEL AND ACCOMMODATION

You can make a claim towards travel costs if this benefit is included in your level of cover.

Your travel for medical specialists and/or hospital treatment must be within Australia and greater than a 200km round trip for treatment that isn't available locally.

You can claim towards hotel accommodation costs for the patient and an attendant (if medically necessary) before and/or after your hospital stay if this is included in your level of cover.

To claim, please complete and submit an Accommodation/Travel benefits claim form, available from any HCF branch, at **hcf.com.au/forms** or on **13 13 34**.

ADDITIONAL INFORMATION ON INSULIN PUMP BENEFITS

INSULIN PUMP BENEFITS

The following information relates to members of HCF who have Type 1 Diabetes and may need, or already have, an insulin pump and do not have benefits for insulin pumps excluded on their hospital cover.

At the time the insulin pump is supplied, you must have completed any relevant waiting periods (12 months for new members or upgrades), be paid up to date, and hold a complying hospital cover.

Initial insulin pumps

The following benefits apply for the first time in your life when you start using an insulin pump. When your insulin pump therapy is commenced in an outpatient setting, HCF will pay 100% of the highest costing insulin pump on the Government approved Prostheses List (currently up to $9,500) when we receive a completed insulin pump claim form available at **hcf.com.au/forms**

If admission to hospital is required for commencement of pump therapy, HCF will provide a benefit, provided the Type C certification is completed in accordance with the legislation. Please note that education is not a valid reason for hospitalisation. At times HCF may require additional information to verify the reasons for hospitalisation.

If you are already using, or have previously used, an insulin pump then benefits may apply under replacement insulin pumps. See below.

Replacement pumps

For a replacement insulin pump provided in the outpatient setting, the application process is streamlined by a standardised replacement insulin pump claim form. Depending on your level of cover, you will be eligible for a full or partial benefit once every 5 years from the date you receive them, provided you continuously maintain your hospital cover. The replacement cycle does not reflect the manufacturer's warranty period but rather the reasonable life expectancy of an insulin pump. Please contact HCF to determine if you are eligible for a benefit for a replacement insulin pump on your level of cover.

Please note that HCF does not replace damaged, lost or stolen pumps. HCF also does not pay for consumables for insulin pumps, which are available through the National Diabetes Services Scheme.

HOSPITAL CLAIMS

You may be able to claim for the following hospital related expenses, depending on your level of cover and which hospital you go to:

- Overnight and same day accommodation charges (including critical care), less any applicable excess
- Operating theatre and labour ward charges, less any applicable excess (not claimable where only Minimum Benefits are payable or Excluded Services)
- Pharmaceuticals provided in hospital that are directly associated with your reason for admission and are consumed in the hospital (excluding experimental and high cost non-PBS drugs)
- Allied health and therapy services like physiotherapy, occupational therapy, speech pathology and dietetics provided while admitted to a Participating Hospital
- Surgically implanted Prostheses and human tissue items that are on the Government approved Prostheses List (not claimable for Excluded Services)
- Emergency ambulance transportation
- Medical gap.

When it's time for you to leave hospital, please read the claim form carefully, answer the questions and sign. The hospital will send us a bill to pay on your behalf.

If your policy requires you to pay an excess, you'll need to pay this directly to the hospital. This usually occurs at the time of admission, however, check with your hospital to make sure.

Please visit **hcf.com.au/members**, any branch, or call **13 13 34** to find out your entitlements under your current policy.

CLAIMS FOR DOCTORS' & SPECIALISTS' FEES DURING HOSPITAL ADMISSION

If your doctor or specialist treated you under the HCF Medicover arrangement, they will send the bills directly to HCF.

If your doctor or specialist sends the bills to you, please take it to Medicare and complete a Medicare Two-Way form or drop into an HCF branch and complete a Medicare claim form and an HCF claim form. Only the MBS benefit will be paid for these claims.

AMBULANCE CLAIMS

Medicare doesn't cover the cost of an ambulance and these services can be very expensive.

HCF hospital and extras covers include cover for emergency ambulance services provided by state government Ambulance Service Providers (see page 30). On some levels of cover, you may also be able to claim up to $5,000 per person, per year for non-emergency, medically necessary ambulance transport by Ambulance Service Providers.

Ambulance benefits are claimable for transport to the nearest appropriate hospital able to provide the level of care you need. There is a waiting period of one day for emergency ambulance cover and two months for non-emergency ambulance cover (where available under your cover).

NSW AND ACT MEMBERS

If you are a resident of NSW or the ACT, a levy is included in the hospital component of your cover. This levy entitles you to free emergency ambulance transport provided by an Ambulance Service Provider across Australia, excluding Qld and SA, and WA for ACT residents. So, if you receive an invoice for emergency related ambulance transport, just send it to us; we will endorse the account and send it to the appropriate Ambulance Service Provider for settlement (excluding Qld and SA, and WA for ACT residents).

If you pay the levy and receive emergency transport from either Qld or SA state government Ambulance Service Providers, you may claim under your HCF cover for eligible ambulance transportation (see page 30).

For all NSW or ACT residents with standalone HCF extras cover, there is unlimited emergency ambulance cover for transport received within NSW or the ACT. For emergency transport received outside of NSW or the ACT, on some levels of cover there is an annual service limit of 1 per person and 2 per policy.

In NSW and the ACT the pension and social security entitlements provide an exemption for the cost of ambulance transport. Members with pension or social security entitlements in NSW or the ACT just need to complete the relevant section on the back of the ambulance invoice and return it to the ambulance service provider to settle the account. Benefits for ambulance services are not payable under your HCF policy.

QLD MEMBERS

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.

TAS MEMBERS

If you are a resident of Tas, you're covered under your state ambulance service scheme across Australia, excluding Qld and SA. If you receive emergency ambulance services from either Qld or SA State Government Ambulance Service Providers and aren't otherwise covered for emergency ambulance services, you may claim under your HCF cover for eligible ambulance transportation (see page 30).

If your cover is for standalone extras, some levels of cover have an annual service limit of 1 per person and 2 per policy for emergency ambulance services.

VIC, SA, NT AND WA MEMBERS

If you live in Vic, SA, NT or WA and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement e.g. a state government pensioner, you can claim under your HCF cover for eligible emergency ambulance services (see page 30) provided by your state Ambulance Service Provider.

If your cover is for standalone extras, some levels of cover have an annual service limit of 1 per person and 2 per policy for emergency ambulance services.

See page 30 for further information on ambulance.

THIRD PARTY AND COMPENSATION CLAIMS

Please call HCF on **13 13 34** or visit a branch if you believe you're entitled to claim compensation or damages from another insurer or other party for:

- Personal injury
- Third party compensation e.g. car accident
- Workers compensation.

FREE TRAVEL INSURANCE WITH PREMIUM, MID PLUS HOSPITAL AND YOUNG STARTER

HCF has obtained overseas travel insurance cover (Cover) under a master policy issued by AIG Australia Limited ABN 93 004 727 753, AFSL 381 686. This Cover is available while you remain a Premium Hospital, Mid Plus Hospital (when combined with Silver Plus, Gold or Platinum Extras), or Young Starter policy holder, subject to our right to remove or alter the Cover on 30 days notice. The terms, conditions and Excluded Services of the Cover are specified in the 'Conditions of Use' (available at **hcf.com.au/bonustravel**) as amended, and must be reviewed to make sure that the Cover meets your needs.

GLOSSARY

This glossary contains an explanation of words and phrases commonly used throughout HCF materials and which have a meaning specific to HCF. Some words and phrases are also defined in the Fund Rules.

ACCIDENT

(a) An unforeseen event, occurring by chance and caused by an external force or object, which results in involuntary injury to the body requiring immediate treatment from a registered medical practitioner;

(b) Excludes unforeseen conditions attributable to medical causes.

AMBULANCE TRANSPORTATION

Benefits for Emergency Ambulance Transport or Non-Emergency Ambulance Transport are payable after any subsidy, discount, waiver or rebate provided by a third party or the Ambulance Service Provider has been deducted.

(a) HCF pays Benefits towards eligible Emergency Ambulance Transport and Non-Emergency Ambulance Transport Services provided by an Ambulance Service Provider depending on a Member's cover and up to their annual Limit (either a dollar or service Limit), as specified in the Product Information.

(b) The Ambulance must be provided by an Ambulance Service Provider and the transportation must be to the nearest appropriate Australian Hospital able to provide the level of care required.

Emergency Ambulance Transport:

(a) Benefits are payable for Emergency Ambulance Transport where transport to the nearest Hospital or on-the-spot treatment is required. "Emergency" means an immediate and serious threat to person's health or life.

(b) Benefits are not payable for Emergency Ambulance Transport:

(i) where Non-Emergency Ambulance Transport is requested;

(ii) for transport on discharge from Hospital to a Member's home or nursing home;

(iii) where you are covered by another funding arrangement such as a State Government scheme;

(iv) where you are covered by another third party (such as a State Ambulance subscription or the Ambulance charges are the subject of a compensation claim);

(v) for transfers between Hospitals including where a Member attended an emergency department, outpatient department, urgent care centre, short stay ward or other ward or medical department at a Hospital before or after the transfer (regardless of whether formally admitted);

(vi) for transfers to or from medical facilities such as diagnostic imaging, allied health or other health related facilities;

(vii) for charges raised for a medical retrieval team escort; and

(viii) for Ambulance Service Providers not recognised by HCF.

Non-Emergency Ambulance Transport:

(a) A limited number of covers include a Non-Emergency Ambulance Transport Benefit. Members can claim up to a maximum of $5,000 in a calendar year for non-emergency ambulance transport.

"Non-emergency" ambulance transport means transport by a State Government provided ambulance that is requested because your medical condition requires a level of support and medical monitoring in transit that only an ambulance service can provide. Non-emergency ambulance transport must be requested by your treating doctor to be considered for an HCF benefit.

(b) Benefits are not payable for Non-Emergency Ambulance Transport:

(i) where the transport does not meet the definition of Non-Emergency Ambulance Transport (such as for general patient transport);

(ii) where the transport has been elected by the patient or family for reasons such as choice of doctor or hospital or to be closer to family;

(iii) where you are covered by another funding arrangement such as a State Government scheme;

(iv) where you are covered by another third party (such as a State Ambulance subscription or the Ambulance charges are the subject of a compensation claim);

(v) for transfers between Hospitals including where a Member attended an emergency department, outpatient department, urgent care centre, short stay ward or other ward or medical department at a Hospital before or after the transfer (regardless of whether formally admitted);

(vi) for charges made for a medical retrieval escort; and

(vii) for Ambulance Service Providers not recognised by HCF.

AMBULANCE SERVICE PROVIDER

HCF recognises the following Ambulance Service Providers for the purposes of paying benefits:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Non-Emergency Patient Transportation NSW
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service.

ARTIFICIAL APPLIANCES

Artificial Appliances are those meeting the following criteria:

(a) intended for repeated use;

(b) used primarily to alleviate or address a medical condition;

(c) not useful to a person in the absence of an illness, injury or disability;

(d) supplied by a reputable supplier;

(e) authorised by the attending doctor or allied health professional; and

(f) approved by the Medical Adviser.

BENEFIT

Benefit means an amount paid or payable to a Member, or a Recognised Provider on behalf of a Member, for goods or services for which a financial obligation or loss is incurred by the Member and for which they are entitled to reimbursement (in whole or part) under their Policy.

DEPENDANTS

Dependants means:

(a) Child Dependant;

(b) Student Dependant; or

(c) Adult Dependant.

Child Dependant means a person who:

(a) Is less than 22 years of age;

(b) Is unmarried and not in a de facto relationship;

(c) Is primarily reliant on the Policyholder (or Partner listed on the Policy) for maintenance and support; and

(d) Is related to the Policyholder (or Partner listed on the Policy) as a child, step-child, foster child or other child that the Policyholder (or Partner listed on the Policy) has legal guardianship over.

Student Dependant means a person who:

(a) Is between 22 and 24 years of age (inclusive);

(b) Is a full time student at school, college or university;

(c) Is unmarried and not in a de facto relationship;

(d) Is primarily reliant on the Policyholder or their Partner (listed on the Policy) for maintenance and support; and

(e) is related to the Policyholder or their Partner as a child, step-child, foster child or other child that the Policyholder or their Partner has legal guardianship over.

Adult Dependant is a person who:

(a) Is related to the Policyholder or their Partner as a child, step-child, or foster child or other child that the Policyholder or their Partner has legal guardianship over;

(b) Is aged between 22 and 24 (inclusive);

(c) Is unmarried and not in a de facto relationship;

(d) Is not a Student Dependant; and

(e) Is primarily reliant on the Policyholder (or Partner listed on the Policy) for maintenance and support; and

(f) Is insured under an Extended Family Membership or Single Parent Extended Family Membership.

DIRECT FILLING

Direct Filling (sometimes called a direct restoration) is made in the mouth.

ELECTIVE COSMETIC SURGERY

Elective Cosmetic Surgery means an elective cosmetic surgical procedure for which there is no allocated Commonwealth Medicare Benefits Schedule item number, or for which Medicare does not provide benefits.

ELIGIBLE MUSCULOSKELETAL CONDITION

Eligible Musculoskeletal Condition means a disease/health problem that is accepted under the More for Backs Program as eligible for a no-gap Benefit payment. Eligible Musculoskeletal Conditions are included in the Program where HCF is satisfied (in its discretion) that there is a sufficient evidence base to support chiropractic or osteopathy Treatment of the disease/health problem. The list of Eligible Musculoskeletal Conditions may be varied by HCF from time to time.

EMERGENCY TREATMENT

Emergency Treatment means those Services received in connection with a sudden and unexpected onset of a serious injury or illness requiring surgical or medical attention within 24 hours after the onset, and in the absence of such care the Member could reasonably be expected to suffer serious physical impairment or death.

EXCESS

Excess means a non-refundable amount of money a Member agrees to pay towards the cost of Services before Benefits are payable when admitted to Hospital.

EXCLUDED SERVICE

Excluded Service means a Service that is not included or covered under a Member's Policy and therefore no Benefit is payable for that Service.

EXTENDED FAMILY MEMBERSHIP

Extended Family Membership means an applicable Policy where Adult Dependants can be covered by a Family Membership or Single Parent Family Membership for an additional charge.

FOOT ORTHOTICS

Foot Orthotics 'Orthotics' are deemed in-shoe appliances, used to aid in the management of diagnosed conditions of the foot, ankle and lower limb. They are only claimable if your cover includes foot orthotics and the 12 month waiting period has been served. The foot orthotics must be supplied by a recognised podiatrist, pedorthist or orthotist. Under certain covers, pre-fabricated foot orthotics can also be claimed when supplied by a sports physician, physiotherapist, chiropractor or osteopath. Benefits for custom made orthotics can only be claimed for devices that have been fabricated by a podiatrist, or by a pedorthist or orthotist following a biomechanical examination, gait analysis, negative cast or 3D digitised impression taken of the feet, or when prescribed by an orthopedic surgeon or other medical specialist.

HCF PARTICIPATING HOSPITAL

HCF Participating Hospital means a Hospital where an agreement has been negotiated for specific charges for accommodation, theatre and other Services under which the Hospital agrees to accept the payment by HCF for the agreed accommodation, theatre and Services in satisfaction of the amount that would be owed by a Member.

HEALTH MANAGEMENT PROGRAM

Health Management Program means a program approved by HCF that is intended to manage, prevent or improve a specific health condition or conditions.

HEARING AIDS

Hearing aids are defined as devices that are intended to treat or compensate for an individual's hearing loss. They are personalised to the user's hearing characteristics.

HOSPITAL

Hospital is any public or private facility declared by the Minister as a Hospital.

INDIRECT FILLING

Indirect Filling (sometimes called an indirect restoration) is made outside of the mouth using a model or digitised image.

INFORMED FINANCIAL CONSENT (IFC)

Informed Financial Consent (IFC) is where a Patient is told in writing about, and consents to, the cost of Hospital Treatment before being provided with that Treatment, including notification of likely out-of-pocket expenses (hospital and medical gaps), by all relevant service providers.

INITIAL CONSULTATION

Initial Consultation in relation to the *More for Muscles*, More for Backs and *More for Feet* programs means the first Service received for a New Episode of Care.

INPATIENT

Inpatient means any Member who is formally admitted to hospital.

LIMIT

Limit means the maximum total Benefit payable for a particular Service or group of Services in a specified period or a maximum number of times a Benefit may be payable as defined in the Product Information.

MEDICAL PRACTITIONER

Medical Practitioner means a person registered or licensed as a Medical Practitioner under a law of a State or Territory that provides for the registration or licensing of Medical Practitioners but does not include a person so registered or licensed:

(a) Whose registration, or licence to practise, as a Medical Practitioner in any State or Territory has been suspended, or cancelled, following an inquiry relating to their conduct; and

(b) Who has not, after that suspension or cancellation, again been authorised to register or practise as a Medical Practitioner in that State or Territory.

MEMBER

Member means:

(a) A person covered by a Policy, and who has become a Member of the HCF health fund, and their agents, executors, administrators and permitted assignees; and

(b) Does not mean a person who is solely a member of HCF according to the constitution of HCF.

MINIMUM BENEFITS

Minimum Benefits means the minimum default Benefit level payable by HCF for Hospital Treatment as determined under the Private Health Insurance Act and rules made under it from time to time.

MINIMUM STANDARD SUPPLY

Minimum Standard Supply means the smallest commercially available pack size of a drug that is supplied by its manufacturer to pharmacies.

MINISTER

Minister means the Federal Minister for the relevant Commonwealth Department or if there ceases to be such a Minister, the Minister whose portfolio includes responsibilities for matters relating to health.

NEW EPISODE OF CARE

New Episode of Care in relation to the More for Muscles, More for Backs and *More for Feet* programs means:

(a) A new health condition, where the symptoms are not related to a condition for which Treatment has previously been sought; or

(b) An acute flare-up of an existing condition where there has been no Treatment for that condition provided in the previous 3 months.

NON-PARTICIPATING HOSPITAL

Non-participating Hospital is a Hospital which is not an HCF Participating Private Hospital.

PARTNER

Partner means a person who is a spouse or de-facto partner with whom the Policyholder lives.

PBS EQUIVALENT CO-PAYMENT

Pharmaceutical Benefits Scheme (PBS) equivalent co-payment the PBS makes subsidised prescription medicines available to Australian residents and requires a co-payment to be paid towards each item. HCF requires an equivalent co-payment for each pharmaceutical item before a pharmacy claim is paid. The amount of the co-payment is adjusted around 1 January each year in line with the Consumer Price Index (CPI).

PHARMACEUTICAL ITEM

Pharmaceutical Item means an item which is ordinarily claimable under an eligible Extras Cover which is:

(a) Prescribed by a Medical Practitioner or dental practitioner on prescription in accordance with relevant State or Territory legislation;

(b) Supplied by a pharmacist or Medical Practitioner in Private Practice under relevant State or Territory legislation;

(c) Registered and labelled with an AUSTR number on the Australian Register of Therapeutic Goods;

(d) Prescribed for Treatment of the approved specific indications as detailed in the Australian Register of Therapeutic Goods; and

(e) Complies with HCF's Clinical Pharmaceutical Procedure for Extras Benefits as approved by the Medical Director or equivalent, provided that none of the following criteria apply:

  (i) The item is listed or was listed under the PBS in any brand, formulation, strength or pack size and regardless of whether PBS availability is subject to any specified purpose or patient type;

  (ii) the Minimum Standard Supply for the item is customarily charged at an amount that is less than, equal to, or within $3 of the current PBS co-payment for general patients (Minimum Standard Supply means the smallest commercially available pack size of a drug that is supplied by its manufacturer to pharmacies);

  (iii) The item is generally prescribed for purposes outside of illness or disease or for reproductive medicine including contraception or for the enhancement of sporting, sexual or work performance;

  (iv) The item is generally prescribed for weight loss;

  (v) The item is excluded under the HCF Clinical Pharmaceutical Procedure for Extras Benefits; or

  (vi) The item is available without a prescription.

Pharmaceutical Items are updated regularly and subject to change.

POLICY

Policy means a complying health insurance policy or Overseas Visitors Health Cover that is referable to the HCF health fund that covers a defined group of Benefits payable.

POLICYHOLDER

Policyholder means the person:

(a) In whose name the Policy is taken out; and

(b) Is responsible for payment of the Premiums and for the ongoing maintenance of the Policy.

PREMIUM

Premium means the amount payable by the Policyholder for their Policy as set out in the Product Information and amended by HCF in accordance with the Fund Rules.

PRIVATE PRACTICE

Private Practice means:

(a) in relation to Hospital Treatment, a Medical Practitioner operating on an independent and self-supporting basis either as a sole, partnership or group practice but not employed by or subsidised by another party for the provision of accommodation, facilities or other services. For the avoidance of doubt, this does not include Medical Practitioners employed by or on contract in a public Hospital or any other type of publicly funded facility; and

(b) in relation to General Treatment Benefits, a professional practice (whether sole, partnership or group) that is self-supporting and where its accommodation, facilities and services are not provided, funded or subsidised by another party such as a Hospital or publicly funded facility.

PROSTHESIS

Prosthesis means items listed on the Prostheses List.

PROSTHESIS LIST

Prosthesis List means the list of Prostheses in the Private Health Insurance (Prostheses) Rules made pursuant to the Private Health Insurance Act, as updated from time to time.

PSYCHIATRIC CARE

Psychiatric Care means hospital treatment received in a hospital that is licensed to provide psychiatric treatment, and where the reason for admission was for the treatment of a psychiatric condition with a program approved by HCF (e.g. treatment of drug and alcohol disorders and mood disorders such as depression).

PSYCHIATRIC PATIENT

Psychiatric Patient means a patient who is admitted by a specialist in psychiatric medicine to a psychiatric program approved by HCF at a Hospital recognised by HCF as a psychiatric Hospital or as having a psychiatric Service.

RECOGNISED PROVIDER

Recognised Provider means:

(a) A Hospital;

(b) A registered Medical Practitioner;

(c) A provider of General Treatment in Australia who:

  (i) Is in Private Practice;

  (ii) For each relevant class of Service, satisfies all Recognition Criteria; and

  (iii) Is recognised by HCF;

(d) An Ambulance Service Provider; or

(e) Any other provider recognised by HCF.

RECOGNITION CRITERIA

Recognition Criteria means the following:

(a) The standards in the Private Health Insurance (Accreditation) Rules; and

(b) Any other criteria that HCF considers reasonable for the purpose of recognition.

REHABILITATION CARE

Rehabilitation Care means hospital treatment received in a hospital that is licensed to provide rehabilitation treatment within a program approved by HCF.

REHABILITATION PATIENT

Rehabilitation Patient means a patient who is admitted by a specialist in rehabilitation medicine to a rehabilitation program approved by HCF at a Hospital recognised by HCF as a rehabilitation Hospital or as having a rehabilitation Service.

SAME-DAY TREATMENT

Same-day Treatment means hospital treatment where the period of hospitalisation commences and finishes on the same day and does not include any part of an overnight stay.

SERVICE

Service means hospitalisation, medical or allied health Treatment, Ambulance transportation, care or supply or provision of an item (whether goods or services) for which a Benefit is included under a Policy.

SINGLE PRIVATE ROOM

Single Private Room is a suitable room in a Hospital which is:

(a) purpose built;

(b) holds a single bed;

(c) has facility for no more than a single admitted patient; and

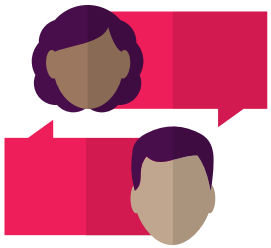
(d) includes an ensuite.

TREATMENT

Treatment means Services provided to a Member that are needed to diagnose, alleviate, or manage an injury, illness, condition or disease.

TWO YEAR OPTICAL LIMIT

The Two Year Optical Limit is available for members with a combination of Top Plus and Super Multicover (these products are no longer for sale). After 12 months, the annual optical limit converts to a two year limit and allows you to claim up to $500 in any two consecutive calendar years. If $500 is used in one year, no benefits will be payable in the next year. An annual sub-limit applies to contact lenses.





HOW YOUR RIGHTS ARE PROTECTED

PRIVATE HEALTH INSURANCE CODE OF CONDUCT

The Private Health Insurance Code of Conduct's aim is to improve the standards of practice and service in the private health insurance industry.

We support this by ensuring you:

- receive correct information about private health insurance
- are aware of the internal and external dispute resolution procedures
- can make an informed decision about your purchase
- you're protected in accordance with the privacy principles.

For a full copy of the code, visit **privatehealth.com.au/codeofconduct**

PRIVATE PATIENTS HOSPITAL CHARTER

We also support the Private Patients Hospital Charter, which outlines what members can expect from doctors, hospitals and their health fund.

For more information visit the Private Health Insurance section for consumers at **health.gov.au**, or call the Department of Health on **1800 020 103**.

HAVE A COMPLAINT?

If you have a complaint about any of the products or services we offer, your membership or cover, or wish to find out about the status of an existing complaint, please let us know by any of the means below so we can help.

Call: **13 13 34**
Email: **service@hcf.com.au**
Write: **HCF GPO Box 4242, Sydney NSW 2001**
Access: **hcf.com.au**
Visit: **your local branch**

If your **health insurance** complaint isn't resolved to your satisfaction, you can contact the Commonwealth Ombudsman by writing to **GPO Box 442, Canberra, ACT, 2600**, emailing **phio.info@ombudsman.gov.au** or you can call **1300 362 072**. Their website is **ombudsman.gov.au**. They're an independent body formed to help resolve complaints and provide advice and information. This service is available to you free of charge.

If your **life, pet or travel insurance** complaint isn't resolved to your satisfaction within 45 days, you can contact the Financial Ombudsman Service Australia (FOS) by writing to **GPO Box 3, Melbourne, VIC, 3001**, emailing **info@fos.org.au** or calling **1800 367 287**. Their website is **fos.org.au**. They're an independent body formed to help resolve disputes. This service is available to you free of charge.

MEMBER SERVICE CHARTER

As an HCF member, you have every right to expect excellent service from us. We're committed to achieving this. HCF is a not-for-profit organisation, so our focus is on our members, not shareholders.

OUR VISION

Making health care affordable, understandable, high quality and customer-centric.

OUR MISSION

To be the partner of choice in enabling people to care for their health.

OUR PROMISE TO YOU

We will:

- Be helpful, courteous and professional
- Explain our answers and actions clearly
- Work through your options with you
- Let you know of, and clearly explain any changes to your policy and premium
- Provide straightforward, relevant information on claims and your membership.

HELP US TO HELP YOU

We'd appreciate your help by:

- Letting us know when things such as your contact details change
- Providing feedback on our service.

YOU CAN CONTACT HCF IN MANY WAYS

EMAIL AND WEBSITE

- We aim to respond to your email within 3 business days
- When you email us at **service@hcf.com.au**, or send a message through the 'Contact us' page of our website, you'll immediately receive an automated acknowledgement.

PHONE

When you speak with us:

- Our staff will always introduce themselves by first name
- If we can't help you immediately, we'll arrange for someone to call at a time that suits you
- We aim to return your call on the same day, or next business day if the call is received outside of business hours.

IN PERSON

Visit an HCF branch, Dental or Eyecare Centre*. We have locations across Australia ready to help you join, get advice or make a claim.

** HCF Eyecare Centres are independently owned and operated by Eyecare Holdings Pty Limited ACN 054 365 196.*

POST

We aim to answer mailed enquiries within 5 business days of receiving them.

SOCIAL MEDIA

We aim to respond to your social media enquiries within one 1 business day.

SELF SERVICE OPTIONS

We also provide a variety of 24 hour self-service options to help you make the most of your membership at your convenience:

Call: Our Self Service facility on **13 14 39**
Website: Login to our Online Member Services at **hcf.com.au/members**

For a copy of the full version of our Member Service Charter, please visit **hcf.com.au**, your local branch, or call our Member Services team on **13 13 34**.

OUR PRIVACY STATEMENT

HCF is committed to best practice privacy protection.

We collect your personal information including sensitive information such as health information from you and/or the Policyholder who is responsible for your policy and/or from other third parties detailed in our Privacy Policy, so we can:

- comply with applicable laws
- manage our relationship with you
- record your treatment
- provide health or other insurance related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your insurance, health and related lifestyle needs
- investigate fraudulent or improper claims and assess risks
- research and develop products, services and benefits that may better serve your needs
- assess your possible interest in and tell you about such products and services
- administer our business and deal with complaints.

We may share or disclose your personal information to third parties or individuals, some of which may be located overseas, including:

- to the policyholder, if you are a dependant or another member (e.g. partner or children) on the policy, for the purposes of your HCF membership. Our contract with the policyholder requires us to have full and free communication with the policyholder on all aspects of the policy, including the benefits claimed by any member under the policy;
- to organisations that deliver services on our behalf or to us, such as third parties that we contract to assess or process claims, administer programs that we develop for the benefit of members, research companies contracted by us (to ask your opinions on improving the HCF Group's service, benefits or product offerings), third party vendors who placed targeted online ads for us on their sites and mailing houses;
- other service providers, for example, our advisors for the purposes of obtaining legal advice or our technology providers;
- HCF Eyecare (which is separately owned and operated by Eyecare Holdings Pty Ltd);
- between companies within the HCF group of companies;
- fraud prevention agencies, government bodies and regulators including law enforcement bodies such as the police, professional associations and industry bodies;
- health service providers (where it is used to improve their ability to provide you with health services);
- other insurers or reinsurers including other health insurers where you have moved your insurance to or from HCF; and
- where disclosure is otherwise authorised or required by or under applicable laws or any other legal or regulatory process.

We do not normally give personal information about you to anyone who is not on your membership. You'll need to give us written permission if you want someone who is not covered by your membership, such as a friend or carer, to deal with us on your behalf.

If you do not provide the personal information we request, we may not be able to provide you with our products or services, including health insurance.

You can ask us at any time to stop direct marketing to you by calling **13 13 34** or by logging onto the member section at **hcf.com.au/members** and updating your preferences.

For more information about the personal information we collect and how we handle it, how to access and correct your information or to make a complaint and how we will respond to complaints, please read our Privacy Policy:

- visit **hcf.com.au/privacy**
- visit your local branch.

All new Policyholders should ensure that all members on the policy are made aware of the HCF Privacy Policy.

QUICK PAGE REFERENCE

Just as we support you through recovery, we support you to lead a healthier, happier life today.

CHANGES TO COVERS AND PRICING

Please read and retain this brochure for future reference. It should be read in conjunction with our Health Insurance brochure. We reserve the right to make changes to prices, cover specifications and other conditions relating to our covers. Please contact us prior to purchasing any covers or health services to make sure that you have the latest information available.

All information in this brochure is correct at the time of printing.

THANKS FOR CHOOSING US FOR YOUR PRIVATE HEALTH COVER

The Hospital Contribution Fund of Australia Limited
ABN 68 000 026 746 AFSL 241 414

HCF House: 403 George Street, Sydney NSW 2000
Postal Address: GPO Box 4242, Sydney NSW 2001

hcf.com.au

CALL US
13 13 34
MON–FRI 8AM–8PM AEST
SAT–SUN 9AM–5PM AEST

GO TO
hcf.com.au

VISIT A
branch

DOWNLOAD
the HCF app