

A horizontal decorative bar at the top of the page, below the HCF logo, features a series of colored squares in shades of teal, purple, red, and pink.

WE PUT OUR MONEY WHERE OUR MEMBERS ARE

MEMBER GUIDE
15 NOVEMBER 2023



LET US BE YOUR GUIDE

This is your Member Guide. Keep it handy for advice on how to claim, plan a hospital treatment, update your details and access member perks every day.

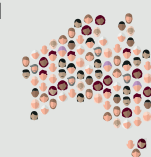
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WELCOME TO HCF

Thanks for choosing us. We're proud to put the health of our members before profit, from giving more back in benefits to improving your health and wellbeing through industry-leading health programs. We look forward to showing you a level of care that's uncommon.

PEOPLE BEFORE PROFIT

Because we're Australia's largest not-for-profit health fund, our members are at the heart of everything we do. And, we put the health and wellbeing of the 1.9 million Aussies we cover before anything else.



100% BACK ON POPULAR EXTRAS

Pay \$0 on 1 or 2 dental check-ups a year and a first visit to a physio, chiro or osteo with over 16,000 extras providers who participate in our No-Gap network*.



MORE MONEY BACK

For every dollar our members paid in premiums, we've paid out more benefits than the industry average over the last 10 years*.



WE'RE HERE FOR YOU

Proudly owned and run by Aussies, we're here to help you with award-winning local call centres and branches across the country.



KNOW YOUR OUT-OF-POCKET COSTS

With our large hospital network and a search tool that helps you find the right specialist at the right price, we're helping you keep your out-of-pocket costs down.



LOYALTY REWARDS

You don't have to be unwell to get great value from your cover with our range of exclusive HCF Thank You loyalty offers and rewards. We can help you save money on essentials like groceries or on well-deserved treats and experiences*.



* 100% back through *More for You* providers in our No-Gap network is available on selected covers. Waiting periods, and annual and service limits apply. Providers are subject to change. We recommend that you confirm the provider prior to your appointment. See hcf.com.au/100back

^ 89.2% compared to 85.6% across the industry. Calculated based on the average of the past 10 years, sourced from APRA Statistics: *Private Health Insurance Operations Reports 2014-23*.

+ Eligibility criteria applies. You can access HCF Thank You offers after you've been a member for a week, and if your premiums are up to date. Excludes Ambulance Only and Overseas Visitors Health Cover. Offers and partners are subject to change without advance notice. See the HCF Thank You Terms available at hcf.com.au

HOW TO GET STARTED

Connect with us to make the most of your membership.



USE YOUR COVER

REGISTER FOR ONLINE MEMBER SERVICES

Manage your membership, see your cover details, get HCF Thank You rewards and more at hcf.com.au/members or through the HCF *My Membership* app.



GET THE HCF MEMBER APP

Download the *My Membership* app to access your digital membership card, claim for extras, get a benefit estimate, manage your details and more.

Available for Apple and Android.



MAKE THE MOST OF MEMBER PERKS

Access our range of health and wellbeing programs (pages 18-19). And after you've been a member for a week you can cash in on our exclusive range of loyalty offers (page 17).



WE'RE HERE FOR YOU

WE PROMISE TO:

- 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 premiums
- provide straightforward, relevant information on claims and your membership.

Ask us about our Member Service Charter or go to hcf.com.au/membercharter

NEED A FORM?

You can download HCF forms at hcf.com.au/forms



GIVE US A BUZZ

Chat to our uncommonly caring team members on **13 13 34** - they're all in Australia and known for their award-winning customer service.



POP IN FOR A VISIT

Visit one of our branches across the country with questions, to make a claim or just to have a chat.

hcf.com.au/branches



DROP US AN EMAIL

Write to us at service@myhcf.com.au and we'll do our best to reply within 3 business days.



SEND US A LETTER

Mail your forms or questions to **HCF, GPO BOX 4242, Sydney, NSW 2001**. We'll aim to reply within 5 business days once we get your letter.

HOW TO PREP FOR HOSPITAL TREATMENT

What you need to know and do, before you head to hospital.



HANDY TOOL FOR HOSPITAL PREP

Take some of the stress out of surgery with our Preparing for Hospital tool. Learn how a procedure works, what you can expect in hospital and what aftercare you might need. You can also get an idea of costs and hear from other HCF members who've had the same procedure.

hcf.com.au/preparing-for-hospital

1 CHOOSE YOUR MEDICAL SPECIALIST (DOCTOR)

Search for a doctor, surgeon or other medical specialist at hcf.com.au/findaprovider

Our network is made up of over 51,000 medical professionals across Australia who are more likely to participate in the No Gap or Known Gap arrangement for HCF members (see this explained on pages 12-13).



2 CONTACT US TO MAKE SURE YOU'RE GOOD TO GO

Call **13 13 34**, email service@myhcf.com.au, or visit one of our branches (find one at hcf.com.au/branches)

ASK US:

- Does my policy cover me for this?
- Have I served the relevant waiting periods?
- Will I need to pay any charges on top? If so, how much?
- Will I need to pay any more for my hospital accommodation, doctors' fees or the fees of anyone else involved in my treatment or recovery?



3 TALK TO YOUR HOSPITAL AND MEDICAL SPECIALISTS

It's important to understand the procedure or treatment you're having and how much it'll cost.

ASK YOUR DOCTOR:

- What type of treatment or procedure will I have?
- What are the item numbers for the procedure or treatment?
- How much will you charge me?
- Will you participate in HCF's No Gap or Known Gap arrangement?
- Will I have to pay a gap? If so, how much will it be?
- If I have to pay a gap, when will I have to pay it?
- What if I can't afford the gap?
- Which other medical staff will be involved in my treatment or recovery? How can I find out their fees?
- What will my total costs for treatment be?
- How do I prepare for this procedure?

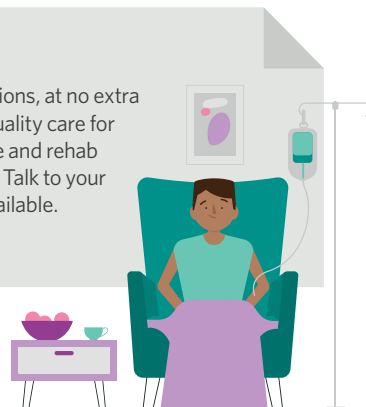
ASK YOUR HOSPITAL:

- Are you an HCF participating private hospital?
- Will I have a gap or excess to pay for any hospital accommodation?
- Will all my hospital costs be covered by HCF?
- Will I have any other out-of-pocket costs during my time in hospital?
- If I have to pay a gap or any out-of-pocket costs, when do I have to pay them?

TREATMENT IN YOUR OWN HOME

We give eligible members access to a wider range of treatment options, at no extra cost, in the comfort and security of your own home*. You can get quality care for treatments at home like chemo, IV antibiotics, complex wound care and rehab (for hip or knee replacement), instead of receiving them in hospital. Talk to your treatment team to find out what treatment-at-home options are available.

hcf.com.au/home-treatment



INFORMED FINANCIAL CONSENT

You have a right to Informed Financial Consent (IFC) before any hospital treatment. This means you should see an estimate of your hospital and medical costs, including any gaps, in writing before you agree to treatment. Ask your doctors and hospital for a breakdown of your expected costs. Speak to us on **13 13 34** for help or guidance.



* Available with HCF-contracted providers, subject to your location and your hospital cover. Waiting periods apply. You must have a suitable home environment to be treated in.

HOW TO CLAIM ON EXTRAS

Extras are treatments like dental, optical and physio that make your everyday healthier. Here's how to make the most of them.



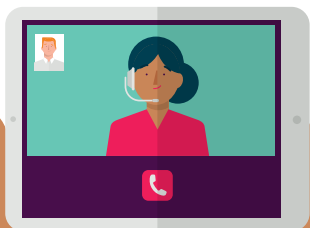
1 CHECK WHAT YOU CAN CLAIM

Download the *My Membership* app, log in to online member services at hcf.com.au/members or call **13 13 34** to check you're eligible for the extras you want to claim, that your chosen provider is recognised by HCF, that your payments are up to date, and that you've served your waiting periods.

CLAIM ON TELEHEALTH EXTRAS SERVICES

You can claim for a range of telehealth extras services like physio, dietetics, birthing classes, occupational therapy and speech pathology from HCF recognised providers[#].

[#] Depends on level of extras cover. Waiting periods, and annual and service limits apply.



2 FIND A NO-GAP PROVIDER IN OUR NETWORK

You can only claim for services from providers recognised by HCF. Use our search tool at hcf.com.au/findaprovider to be confident you're choosing from over 16,000 providers in our No-Gap network. Remember to check before your appointment as providers do change from time to time.

GET 100% BACK ON POPULAR EXTRAS

Depending on your cover, and annual and service limits, you could get 100% back through *More for You* program providers in our No-Gap network^{*}, including:



1 or 2 dental check-ups a year.



A pair of prescription glasses from a selected range[^] and free digital retinal imaging with your eye test.



A first visit to a physio⁺.



A first visit to a chiro and osteo⁺.



A first visit to a podiatrist⁺.

^{*} 100% back through *More for You* providers in our No-Gap network is available on selected covers. Waiting periods, and annual and service limits apply. Providers are subject to change. We recommend that you confirm the provider prior to your appointment. See hcf.com.au/100back

[^] Add-ons like coating and high index material aren't included.

⁺ First visit is for new and eligible health conditions and flare-ups where no treatment has been given in the previous 90 days.

3 MAKE YOUR CLAIM



AT YOUR PROVIDER

The easiest way to claim is on-the-spot when visiting a recognised provider. Members can use both their HCF digital membership card or physical card to claim.



WITH THE APP

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



IN BRANCH

Take your membership card and original receipts to any HCF branch. We'll pay the benefit into your chosen bank account.

hcf.com.au/branches



VIA POST

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. Then send it back to us.

GOOD TO KNOW

- Claims must be lodged within 2 years of the date of the treatment (or 12 months from the accident for School Accident benefit).
- The person making the claim must sign the claim form or electronic claims receipt. A parent or guardian listed on the policy can make a claim on behalf of dependants under 18 years. 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.
- Make sure you give us all the required info we need to process your claim, either on the claim form, or when claiming through the app or online member services.
- HCF won't pay for any costs of receiving or sending in claim information.
- We can only pay extras claims when you've given us a receipt from the provider and a signed claim form.
- Make sure you've given us your bank details for direct credit so we can pay your claims.

VISIT OUR HCF DENTAL & EYECARE CENTRES

Our network of HCF Dental and Eyecare Centres gives members easy access to high quality, affordable healthcare. Depending on your level of cover, you can also get 100% back on a dental check-up and a pair or prescription glasses and sunglasses from a selected range when you visit any of our centres^{*}. For locations and to find out more see hcf.com.au/locations/hcf-centres



MAKE SENSE OF WAITING PERIODS

A waiting period is the time you have to wait before you can start claiming on some services and procedures.



HAVING A BABY?

If you're pregnant and on a single membership, be sure to call us before bub's arrival to upgrade to family or single parent cover in case bub needs hospital treatment. Waiting periods will apply to your baby if you upgrade to a family or single parent policy 2 months (or more) after your baby's date of birth.



WHEN DO WAITING PERIODS APPLY?

Waiting periods apply when you:

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

SWITCHING HEALTH FUNDS

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

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

To avoid serving waiting periods again when switching between funds, 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 to have joined within 30 days of ending your previous membership. These rules also apply if you've switched from another HCF product. Unfortunately when you switch funds, you can't transfer over any loyalty rewards, including increased annual limits.

If you joined HCF during a special offer, some waiting periods might be waived. Get in touch with us to check which waiting periods may apply.

WHAT'S A PRE-EXISTING CONDITION?

If you had signs or symptoms of a condition, illness or ailment during the 6 months before or on the day you joined HCF (or in the 6 months before you upgraded to a higher level of HCF cover or reduced your excess) this means the condition was 'pre-existing', even if no diagnosis was made before your cover started.

You'll be required to give information to HCF, including medical records, from your treating doctors from the 6 month period prior to joining, upgrading or reducing your excess.

HCF will have a medical expert look at the information from your doctor, and any other relevant claim details, to decide whether or not your condition was pre-existing. If it was, a 12 month waiting period will apply to services related to that condition from your policy start date. This rule applies to all new members, members upgrading their cover or reducing their excess, and to other dependants you've added to a policy. If you upgrade, you only serve waiting periods for any new services that you weren't covered for previously or services with a higher level of benefits. If you've chosen a lower excess, the higher excess will apply during the waiting period.

QUICK GUIDE TO WAITING PERIODS that apply to services covered by your policy

HOSPITAL	
Pre-existing conditions or ailments	12 months
Pregnancy and birth	
Palliative care	
Rehabilitation	
Hospital psychiatric services*	2 months
All other hospital services, including accident-related treatment	
EXTRAS	
Artificial appliances (e.g. low vision aids, blood glucose monitors)	12-24 months
Pre-existing ailments and conditions	
Foot orthotics	
Minor podiatric procedures	
Hearing aids	12 months
Dental bleaching, crowns and bridges, indirect fillings, dentures, endodontics, occlusal therapy, oral surgery, orthodontics, periodontics, prosthodontics and dental veneers	
School Accident Benefit	2-12 months
All other extras services	2 months
AMBULANCE	
Emergency ambulance	1 day
Non-emergency ambulance	2 months
CHRONIC DISEASE MANAGEMENT PROGRAMS AND DEVICES	
Chronic Disease Management Programs for members on hospital cover that covers Chronic Disease Management Programs and the chronic disease being treated	12 months
SAME-DAY HOSPITAL TREATMENT EXCESS WAIVER (available on some covers)	
All hospital services for members on HCF Hospital Premium Gold or HCF Corporate Premium Gold	12 months

* Members who have held a hospital cover for at least 2 months and upgrade to receive hospital benefits (or a higher level of hospital benefits) for hospital psychiatric services may elect to be exempted from the 2 month waiting period for hospital psychiatric services that usually applies to members when they upgrade their hospital cover. Members who have held a hospital cover for less than 2 months may elect to serve a reduced waiting period of 2 months minus the length of time that the member held hospital cover. **This exemption or reduction can only be accessed once in a member's lifetime.**

MAKE SENSE OF GAPS

Understand the costs of your hospital treatment to avoid unexpected bills.

WHAT TYPES OF COSTS WILL I BE CHARGED?

For a hospital admission and treatment, you'll be charged 2 types of costs:

1. Hospital costs are charges for things like your room fees, operating theatres, and prostheses in private hospitals.

2. Medical costs are charges for services like doctor, anaesthetist and surgeon fees, and inpatient diagnostic services like X-rays, scans and blood tests. Your hospital cover will pay for part or all of these costs, depending on your level of cover, the hospital you choose, and the doctors who treat you.

Any cost your insurance doesn't cover is called a gap (or an 'out-of-pocket' cost). This is money you'll have to pay.

HOW TO FIND A PARTICIPATING HOSPITAL

Find an HCF participating hospital at hcf.com.au/participatinghospitals

We've got a large network of participating private hospitals and day surgeries to help you avoid or reduce any hospital gap.



HOSPITAL GAPS

HCF PARTICIPATING PRIVATE HOSPITAL



Private hospitals charge for accommodation (your bed), operating theatres, prostheses and other hospital-related services. If you're admitted to an HCF participating private hospital, these costs will be covered by HCF for services included in your cover (other than Restricted Services).

A note on excess: Remember, if you've chosen a product with an excess, you'll only have to pay it once per calendar year when you're admitted to hospital.

NON-PARTICIPATING PRIVATE HOSPITAL OR RESTRICTED SERVICES



If you're admitted to a non-participating private hospital, if you choose to be a private patient in a public hospital, or if you're being treated for a Restricted Service on your level of cover, HCF will only pay Minimum Benefits (see page 25 for details) to the hospital. This means you might have to pay the difference between what the hospital charges and the Minimum Benefit - this is known as the **hospital gap**.

MEDICAL GAPS

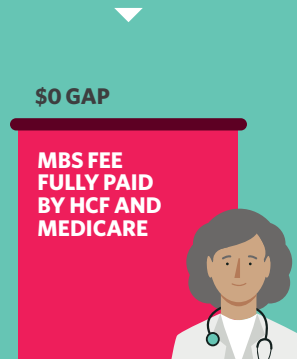
You'll be charged a fee for each medical service you get in hospital. Each fee is set by the specialist who delivers the service (e.g. your surgeon). The specialist can choose to charge you a fee known as the **Medicare Benefits Schedule (MBS) fee**, or a lower or higher fee for their service. It's entirely up to them.

The MBS portion of your provider's fee will be partly covered (75%) by Medicare and your HCF hospital cover will pay for the remaining 25% (for eligible services).

Any fee that your specialist charges which is more than the MBS fee may not be covered by HCF. This is a **medical gap** you might have to pay.

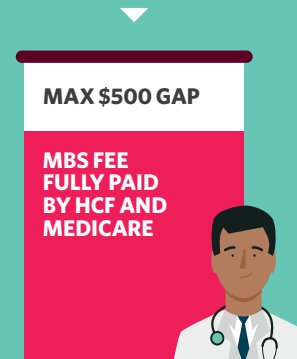
YOU'LL PAY NO GAP

This specialist chooses to be an HCF No Gap provider.



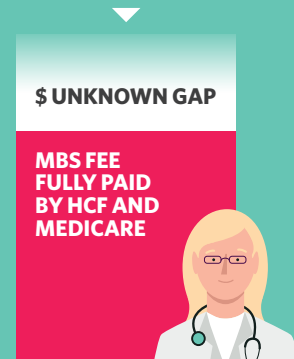
YOU'LL PAY UP TO \$500 GAP

This specialist chooses to be an HCF Known Gap provider.



YOUR SPECIALIST SETS THE GAP

This specialist chooses not to participate in an HCF arrangement.



HOW TO SAVE WITH A NO GAP OR KNOWN GAP SPECIALIST

You can choose from our list of more than 51,000 specialists and doctors* at hcf.com.au/findaprovider

These specialists are more likely to charge HCF members either No Gap (\$0), or a Known Gap (a maximum of \$500) when treating you in an HCF participating hospital.

If your specialist isn't on the list, ask them if they would consider applying to participate in HCF's No Gap or Known Gap arrangement. Your specialist should always let you know if you'll have to pay a gap, and if you do, how much it will be. Make sure you get this information from each of your treating specialists (e.g. both your surgeon and your anaesthetist). A doctor can choose to participate on a member-by-member basis.

See **How To Prep for Hospital Treatment** (pages 6-7) for more.

*Providers are subject to change. We recommend that you confirm the provider prior to your appointment.



WHAT'S THE DIFFERENCE? INPATIENT OR OUTPATIENT



WE COVER INPATIENT SERVICES

If you're admitted to hospital, either as a day or overnight patient, you're considered an inpatient. The services you receive while you're an inpatient (from when you're officially admitted to when you're officially discharged) will be covered by HCF, depending on your level of cover and the hospital you're in.

WE DON'T COVER OUTPATIENT SERVICES

If you need treatment outside of hospital, or have treatment in hospital but don't get officially admitted, you're considered an outpatient. Hospital cover generally doesn't pay benefits for outpatient services.

The most common outpatient services are:

- going to an emergency department
- consultations with a specialist or regular doctor (even if it's at a hospital)
- blood tests or X-rays when not provided as part of a hospital admission
- going to an outpatient clinic.

WHEN IT'S TIME TO CLAIM

Hospital fees: When it's time for you to leave hospital, read the claim form carefully, answer the questions and sign. The hospital will then send us a bill to pay on your behalf. If you need to pay an excess or have restricted cover, you'll need to pay the excess and any gap payment directly to the hospital. This usually happens when you're discharged, but check with your hospital.

Medical fees (such as doctor, anaesthetist or surgeon fees): If your doctor or specialist treated you under an HCF No Gap or Known Gap arrangement, they'll send your bills directly to us. If your doctor or specialist sends a bill to you, take it to Medicare and complete a Medicare Two-way claim form, or visit an HCF branch. Speak to us on **13 13 34** if you have any questions.

GOOD TO KNOW: PROSTHESES

Prostheses are items used in surgery like pacemakers, stents or joint replacement devices. Government-approved prostheses that have been surgically implanted are covered by your HCF hospital cover, ask your doctor which prosthesis is best for you. The government's Prescribed List of Medical Devices and Human Tissue Products can be found in the Private Health Insurance (Medical Devices and Human Tissue Products) Rules at health.gov.au

WHAT ABOUT EXTRAS GAPS?

If you have extras cover, we'll pay up to a set amount for extras services, like dental or optical. The amount we'll pay varies depending on your level of cover and your annual limits. You'll need to pay the difference between what your extras provider charges and the benefits we pay: this is an **extras gap**. See pages 8-9 on how to claim extras.

MAKE SENSE OF TAX TIME & INCENTIVES

NAVIGATING YOUR TAX RETURN

We'll create a Private Health Insurance Tax Statement for you every July. You can access it by logging in to online member services at hcf.com.au/members

You'll need to include details from the statement on your tax return, including:

- the premiums you paid in the last financial year
- the number of days you had the right private hospital cover (if less than 365 you may need to pay the Medicare Levy Surcharge – see below).

If you lodge your tax return online with the Australian Taxation Office's myTax service or through a registered tax agent, your HCF Tax Statement details should be auto-populated in myTax.



MORE REASONS TO HAVE PRIVATE HEALTH INSURANCE

The Commonwealth Government has a few private health insurance initiatives it's worth knowing about:

MEDICARE LEVY SURCHARGE

If you earn above a certain income, and don't have hospital cover, you might have to pay a Medicare Levy Surcharge. You could avoid paying this by having eligible HCF hospital cover. Talk to us about your cover options on **13 13 34**.

PRIVATE HEALTH INSURANCE REBATE

If you have hospital, extras or ambulance cover and are registered with Medicare, you might qualify for the Australian Government Private Health Insurance Rebate. 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.

LIFETIME HEALTH COVER LOADING

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 might have to pay a Lifetime Health Cover loading of 2% on top of your premium for every year you're aged over 30. Over time, this can really add up. The maximum loading is 70% and once you've paid the loading for 10 continuous years, the loading is removed.

Need help? Use the ATO Personal Infoline **13 28 61**, visit privatehealth.gov.au, speak to your tax professional, or call us on **13 13 34**.



ACCESS ADDED VALUE & REWARDS

Our Uncommon Care means more than great value health cover. Make the most of these member perks and added protection.

ON-DEMAND INJURY COVER

Flip is our on-demand accidental injury cover that can work in addition to your health cover, or as standalone cover for those who might not otherwise be insured. You can get a single day of cover or a weekly subscription you can cancel anytime*.

getflip.com.au



PLANNING YOUR NEXT HOLIDAY?

HCF members can save 25% on travel insurance* when you use our discount code*.

Go to hcf.com.au/travel to log in and get your discount code.



INVOLUNTARY UNEMPLOYMENT ASSISTANCE

If you become involuntarily unemployed, we'll pay your HCF health insurance premiums for up to 6 months (183 days). Conditions and waiting periods apply#.

hcf.com.au/unemployment-assistance



MEMBERS CAN SAVE UP TO 15% ON PET INSURANCE

HCF pet insurance can reimburse you up to 80% on eligible vet bills for your dog or cat, with a range of excess options to choose from**.

hcf.com.au/petinsurance



LOYALTY REWARDS

Get more from your cover through HCF Thank You, available after you've been a member for a week^^. The longer you're with us, the more ways we say thank you.

Log in at hcf.com.au/members to save.



MEMBER PERKS

YOU COULD SAVE ON AVERAGE OVER \$1,000 A YEAR**



CLOTHING & FOOTWEAR

4% or more discount on e-Gift cards at Target, Big W, Kmart, Myer, Footlocker, Nine West and more



ENTERTAINMENT

Up to 50% off Event and Village Cinemas. 4% discount on e-Gift cards at JB Hi-Fi, Amazon and more



GROCERIES

Save on Woolworths and Coles e-Gift cards



PETROL

2% discount on Caltex e-Gift cards



* Flip advice is general in nature. We don't take into account your personal circumstances, so please consider how appropriate it is for you before purchasing. Read our PDS, FSG and TMD available at getflip.com.au before purchasing, too. HCF Life Insurance Company Pty Ltd (HCF Life) is the issuer of Flip Insurance. Flip Insurance Pty Ltd (Flip Insurance) is a wholly owned subsidiary and authorised representative of HCF Life. HCF Life is a wholly owned subsidiary of The Hospitals Contribution Fund of Australia Ltd (HCF), and acts on its own behalf. Premiums for Flip cover are paid to HCF Life. HCF receives commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses. Flip Insurance may receive remuneration from HCF Life for the financial services it provides in relation to Flip cover. Flip Insurance and HCF Life employees receive a salary, paid by HCF Life, for the financial services they provide in relation to Flip cover. In addition, HCF, HCF Life and Flip Insurance employees may also receive an incentive depending on the total revenue and profitability of Flip products, and for meeting their compliance obligations. This remuneration is provided on a discretionary basis and may vary from time to time.

** The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 AFSL 241414 (HCF) arranges this insurance as agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 (Allianz). Travel insurance is issued and managed by AWP Australia Pty Ltd ABN 52 097 227 177 AFSL 245631 trading as Allianz Global Assistance (AGA) for the insurer Allianz. Terms, conditions, limits and exclusions apply. HCF, Allianz and AGA do not provide any advice on this insurance based on any consideration of your objectives, financial situation or needs. Because of that, you should consider whether the advice is appropriate for you. Read our PDS, FSG and TMD before purchasing, available at hcf.com.au/travel. If you purchase a policy, HCF and AGA receive a commission which is a percentage of your premium - ask us for more details before we provide you with services.

+ 25% discount is the total discount on offer for the product, based on standard premium rates. It applies automatically upon successful input of the discount code to premiums for all plans, including policy add-ons. Cannot be used in conjunction with, or in addition to any other discounts. No additional discounts will be provided to members who already receive a member discount. Please contact us for more information.

Available to all members who've had hospital cover for at least 12 months. Excludes extras only, Ambulance Only and Overseas Visitors Health Cover.

** HCF Pet Insurance is issued by The Hollard Insurance Company Pty Ltd. Consider the PDS and TMD at hcf.com.au/petinsurance. All HCF members are eligible for a member discount of at least 10% on HCF Pet Insurance. HCF Ruby and Diamond members get a 15% discount. Existing Manchester Unity Pet Insurance policies are not eligible for discounts under HCF Thank You. Visit the HCF Thank You page for further information. Where relevant, increased discount will be applied automatically at first renewal after advancement in HCF Thank You tier.

^^ Eligibility criteria applies. You can access HCF Thank You offers after you've been a member for a week, and if your premiums are up to date. Excludes Ambulance Only and Overseas Visitors Health Cover. Offers and partners are subject to change without advance notice. See the HCF Thank You Terms available at hcf.com.au

^^+ Based on average household spend according to the ABS (2017) Household Expenditure Survey using discounted e-Gift cards.

ACCESS TO HEALTH PROGRAMS

We've developed a range of health programs to support you in your journey to wellness.



HOSPITAL TREATMENTS AT HOME

We offer a wide range of treatment options in the comfort, convenience and security of your own home such as chemo, rehab after knee or hip surgery, IV antibiotics and complex wound care, for eligible members*. So you can get quality care at home, when you need it.

hcf.com.au/home-treatment



FREE SECOND OPINION SERVICE

Lean on our network of Aussie-based medical specialists to get a free second opinion on a health condition you're worried about. You must have had HCF hospital cover for 12 months and a specialist consultation to use this service. Excludes Accident Only Basic cover, conditions apply.

hcf.com.au/secondopinion



HEART HEALTH AND DIABETES SUPPORT

The COACH Program® is a telephone support program provided at no extra cost for eligible members^^ with heart conditions or diabetes. You'll be teamed with one of our qualified coaches who are dietitians, pharmacists or nurses to help you improve your health.

hcf.com.au/coach



WEIGHT MANAGEMENT

Develop healthier habits, lose weight and prevent the onset of various chronic conditions with our evidence-based programs. Eligible members can work with a team of dietitians to help achieve your goals with the Healthy Weight for Life Essentials program^, or lose weight and keep it off with the CSIRO Total Wellbeing Diet.

hcf.com.au/hwfl
hcf.com.au/csiro-total-wellbeing-diet



HEALTHY EATING FOR FAMILIES

We've partnered with Ethos Health to bring our members Healthy Families for Life and Healthy Teens for Life, which are resources to support kids, from birth to teens, to develop positive nutritional habits for growth and development and reduce the risk of chronic conditions in their future. Eligibility criteria apply**.

hcf.com.au/healthyfamilies



SLEEP SUPPORT

Thanks to our partnership with Sleepfit Solutions, eligible HCF members* can get a 20% discount on a 12 month subscription to the Sleepfit app designed to improve sleep and overall wellbeing.

hcf.com.au/sleepfit



JOINT HEALTH

The Healthy Weight for Life Osteoarthritis program supports eligible members# to reduce pain in their joints, improve mobility or prepare for hip or knee surgery.

hcf.com.au/hwfl



HEALTH MANAGEMENT PROGRAMS™

Our Health Management Programs are created with your needs in mind. Depending on your limits, level of cover and eligibility, you can claim for:

- bowel cancer screening
- weight management programs
- exercise classes and gym memberships if this is part of a health management plan.

hcf.com.au/hmp



ANTENATAL AND POSTNATAL SUPPORT™

Claim on a range of programs and services for support through pregnancy and after birth, including childbirth education classes (including access to Birth Beat's online courses), breastfeeding consultations, and antenatal and postnatal group physio. You might also be able to claim on pregnancy compression garments and breastfeeding support from the Australian Breastfeeding Association.

hcf.com.au/hmp

LEADING THE WAY IN MENTAL HEALTH CARE

Our mental health programs give you quick and easy access to a range of options so you can choose which is right for you and your family.

hcf.com.au/mental-support



FREE MENTAL WELLBEING CHECK-IN

To support eligible members with faster, easier access to qualified mental health professionals, you can book a free telehealth HealthyMinds Check-in with a PSYCH2U psychologist[°].



MENTAL WELLBEING SUPPORT FOR KIDS

HCF members who have hospital or extras cover can access Calm Kid Central^{###}, an online educational and support program helping kids aged 4-11 manage their big feelings and emotional challenges.



ONLINE MENTAL HEALTH PROGRAMS

You can access a range of online programs through This Way Up, a not-for-profit online hub developed by experienced psychiatrists and clinical psychologists, to help you understand and improve mental challenges like stress, insomnia, worry, anxiety and depression^{***}.



ONLINE GP CONSULTATIONS

With GP2U, you can book an online GP consultation for a range of services including getting sick notes, referrals and prescription medications, to help you get access to care when you need it.

* Available with HCF contracted providers, subject to member location and hospital cover. Waiting periods apply. You must have a suitable home to be treated in.
 † Eligible HCF members with hospital or extras cover. Excludes Overseas Visitors Health Cover. The cost is \$23.90 for 12 months for HCF members (RRP is \$29.90).
 # Must have held hospital cover that covers joint replacement surgery for 2 months, have knee or hip osteoarthritis and a Body Mass Index of 28 and above. Clinical eligibility criteria applies, see hcf.com.au/hwfl
 ^ Must have hospital cover, multiple lifestyle risk factors (e.g. smoking, physical inactivity, poor nutrition) and a Body Mass Index of 28 and above. Clinical eligibility criteria applies, see hcf.com.au/hwfl
 ** Service is available to all HCF members with any HCF health insurance product (excluding Overseas Visitors Health Cover), see hcf.com.au/healthyfamilies
 ^^ Members must have a heart-related condition or diabetes and must have held hospital cover that includes heart conditions and vascular system for at least 12 months. Excludes Ambulance Only, Accident Only Basic cover and Overseas Visitors Health Cover. Clinical eligibility applies.
 ° 1 HealthyMinds Check-in available per member per calendar year. Service is available free to all members with hospital cover. Excludes extras only cover, Ambulance Only, Accident Only Basic and Overseas Visitors Health Cover.
 ### Excludes Accident Only Basic cover and Overseas Visitors Health Cover.




*** This service is not affiliated or associated with HCF in any way. You should make your own enquiries to determine whether this service is suitable for you. If you decide to use this service, it'll be on the basis that HCF won't be responsible, and you won't hold HCF responsible, for any liability that may arise from that use.
 ° Before you start any Health Management Program, check you're on eligible cover and the provider of the program is recognised by us by calling 13 13 34 or visiting a branch. To claim you'll need to submit a claim form and provide supporting documents. Unless otherwise stated, all programs have a 2 month waiting period and depend on cover eligibility and annual limits.

RECOVER COVER THAT'S UNCOMMON CARE




The road to recovery is different for everyone. That's why our unique range of flexible insurance products give you cash — so you can get back to your best at your own pace. We call it Recover Cover.



WHICH RECOVER COVER IS RIGHT FOR YOU?

<p>CASH BACK COVER</p>  <p>Apply if you're aged 16–60. Expires at 65.</p>	<p>CRITICAL ILLNESS COVER</p>  <p>Apply if you're aged 18–54. Expires at 65.</p>	<p>INCOME PROTECT INSURANCE</p>  <p>Apply if you're aged 18–60. Expires at 65.</p>
<p>Get \$5,000 for accidents needing surgery, or for a number of serious illnesses*. Use your cash to help with the costs of recovery: taxis to the doctor, extra rehab, hospital parking, babysitters, or help if you need time off work.</p>	<p>Get up to \$50,000*, depending on your level of cover, for serious illnesses like specified heart attacks, cancers or strokes*. A fast payment can ease the unexpected financial strain of serious illness – and you choose how you use it.</p>	<p>Get up to 70% of your income* (up to \$7,500 per month for up to 12 months) if you can't work for more than 30 days because of an illness or injury*. We'll help you stay afloat while you take the time you need to recover.</p>

Please note this information is a summary only. Read the PDS and Policy Document for full details of cover, limitations, exclusions and definitions.

<p>LIFE PROTECT INSURANCE</p>  <p>Apply if you're aged 18–65. Expires at 99.</p>	<p>KIDS' ACCIDENT INSURANCE COVER</p>  <p>Apply for kids under 17. Expires when they turn 22.</p>	<p>PERSONAL ACCIDENT INSURANCE</p>  <p>Apply if you're aged 55–74. Expires at 85.</p>
<p>Get up to \$1.5 million, depending on your age and cover level, if you're diagnosed with a terminal illness or pass away*. It's quick financial support to help cover the costs that come at this difficult time, like your mortgage, school fees or day-to-day living expenses.</p>	<p>Get handy cash* to help your child recover from a range of common injuries* if they have an accident in Australia. Quick help with the costs of splints, treatments, therapies, or just to keep the house running while your child gets better.</p>	<p>Get cash for particular injuries, including certain fractures and burns, if you have an accident in Australia and depending on your level of cover, up to \$50,000* for accidental death*. Provides financial help to recover from accidents big and small.</p>



* Subject to exclusions, limitations and definitions - please refer to the PDS and the Policy Document for further information.
 - Sub-limits apply. Please read the PDS.
 + Payment is subject to offsets including any amounts payable from your employer or superannuation fund.
 # Get your cash payment when your claim is approved.

Please consider each Combined Product Disclosure Statement (PDS), Policy Document and Financial Services Guide available by calling **13 13 34** or visiting hcf.com.au/lifeinfo, and consider your financial situation, objectives, and needs before deciding on these products as any advice provided does not take these into account. In addition to these documents, you should also read the Target Market Determination (TMD) for the product, which is available at hcf.com.au/lifeinfo. 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 Ltd 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 up to 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 may receive an incentive depending on the annual premium of these products which they sell. This will not exceed 15% of the first year's premium.

We'll help you find the right Recover Cover

-  **1800 560 855**
-  **Visit a branch**
-  **hcf.com.au/recover-cover**

MANAGE YOUR POLICY

Here's what you need to know about updating your details, changing your level of cover or suspending your policy.

CHANGE YOUR DETAILS

If your contact details change, please tell us.

Go to: hcf.com.au/members

Phone: 13 13 34

Email: service@myhcf.com.au

Write to: HCF, GPO Box 4242, Sydney NSW 2001

Visit: an HCF branch, see locations at

hcf.com.au/branches

YOUR MEMBERSHIP CARD

As a new member, you'll get a membership card in the mail soon after you join. If you lose your card, log in to online member services at hcf.com.au/members, visit a branch or call 13 13 34 to get a new one.

You can also access your digital membership card in the *My Membership* app. The digital card is available for Android users.

CHANGE YOUR LEVEL OF COVER

To change to a different level of cover, call 13 13 34, visit a branch or send a message through hcf.com.au/contact-us

The transfer will take place on the date we get your application or a later date of your choice. If your new cover gives you new or higher benefits or a lower excess, then waiting periods - including the pre-existing condition rule - may apply. Remember that changing to a different level of cover or cancelling your hospital cover might also affect your Lifetime Health Cover loading and Medicare Levy Surcharge status (see page 15).

SUSPEND YOUR COVER

In some circumstances, it's possible to suspend your membership. These include if you're travelling overseas, receiving a JobSeeker Payment from Services Australia, or for another reason approved by HCF. If your application for suspension is approved, all members on your policy won't

be covered during the period of suspension. Suspension is at HCF's absolute discretion.

You should know:

- the minimum period of suspension is 30 days
- the maximum period of suspension is 2 years, after that your membership will lapse
- you won't be able to claim during the period of suspension
- if you want to suspend your cover for travel reasons you must tell us **before leaving Australia**
- active and financial membership must be held for more than 6 months before suspension and at least 6 months between suspensions
- the period of suspension doesn't count towards your waiting periods and your loyalty benefits won't increase
- you may have to pay the Medicare Levy Surcharge for the period of suspension, depending on your annual taxable income
- suspension may affect your Lifetime Health Cover loading.

Overseas Visitors Health Cover and HCF Life policies can't be suspended. To stay covered with your Life policies while your health policy is suspended, call 13 13 34.

RESUME YOUR COVER

You must restart your policy within 30 days of no longer receiving a JobSeeker Payment from Services Australia, or within 30 days of your return to Australia. It'll take effect from the date you arrive back in Australia.

To restart your membership, send a Resume My Membership Form and Payment Authority Form (if necessary) to us. You'll also need proof that you were receiving benefits (i.e. a letter from Centrelink or current employer) or proof of your travel in and out of Australia.

hcf.com.au/forms

CANCEL YOUR COVER

If you want to cancel your HCF membership, you'll need to tell us in writing. Any premiums paid after the effective cancellation date will be refunded in full, if you haven't made a claim after the cancellation date.

If you don't keep your hospital cover with any insurer from age 31, the government's Lifetime Health Cover (LHC) loading may apply and you may need to pay the Medicare Levy Surcharge depending on your annual taxable income (see page 15). If you want to cancel your cover, call us on 13 13 34 first. We may be able to give you options that won't affect your LHC status.

COMMUNICATION ABOUT YOUR COVER

We'll let you know important information about our current and new covers and services, including changes to our services and/or offers to participate in any programs we develop, by email, phone, SMS or mail.

FUND RULES

All members on a policy should be aware of and abide by the Fund Rules, which are rules that apply to your HCF membership. You can find these 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.

YOUR 30 DAY COOLING OFF PERIOD

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 time.

As an existing member you've also got 30 days to change your mind about the level of cover you've chosen (if you haven't made a claim in that time), and your premiums and claims may be adjusted.

TERMINATING YOUR MEMBERSHIP

HCF won't terminate the membership of any member on the grounds of their health. But we may terminate a membership if:

- (a) anyone included in the membership has committed or has attempted to commit fraud
- (b) any member included in the membership has, in the opinion of HCF, behaved inappropriately toward HCF staff, providers or other members.
- (c) the application for membership is incomplete or incorrect
- (d) any member on the policy has an existing hospital and/or extras cover policy with another health fund
- (e) the membership is in arrears of more than 2 months.

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

RECOVERY OF MONIES

If HCF makes a payment to a member in error, we can lawfully recover the benefit paid from that member within 24 months of making the payment. The amount can be recovered if it's been paid directly to the member or to a third party (like a hospital) for goods or services provided to the member. We reserve the right to recover any money obtained fraudulently or in error, or by other means in line with our rules. If a refund is provided to a member in error, we have the right to recover the payment.



MANAGE YOUR PAYMENTS

No probs. There are many ways to pay.

CHANGE HOW YOU PAY US

- Log in to online member services at hcf.com.au/members
- Call us on **13 13 34**.
- Visit an HCF branch.

HANDY WAYS TO PAY

1. Direct debit via your credit card or bank account.
2. Phone **13 14 39** for self-service and to pay by credit card 24 hours a day.
3. Log in to online member services at hcf.com.au/members to pay by credit card or set up direct debit.
4. Go to hcf.com.au/bpay for details on paying by BPAY.
5. Visit your nearest branch to pay by credit card.
6. Payroll deduction through your employer (if your employer has an arrangement with HCF).

FALLING BEHIND ON PAYMENTS

Your premiums must be paid in advance. If your premiums are more than 2 months in arrears, your membership will automatically be cancelled. If you decide to rejoin, the normal waiting periods apply, including the pre-existing conditions rule (see page 11). Lifetime Health Cover loading and Medicare Levy Surcharge may also apply (see page 15).

DIRECT DEBIT PAYMENTS

The Direct Debit Customer Service Agreement applies when you pay your premiums by direct debit. You can find this agreement at hcf.com.au

CHANGE YOUR DIRECT DEBIT DETAILS

To cancel your direct debit, change how often you pay, or defer your debits, let us know in person at a branch, by calling **13 13 34** or by emailing membermaintenance@myhcf.com.au **no later than 2 business days before your next debit**.

You can update your direct debit details by logging in to online member services at hcf.com.au/members

GOOD TO KNOW

Get the lowdown on your cover and steer clear of unexpected costs. Always contact us before going to hospital.

Where a term is written with capitals in this section, look for its definition in the Insurance Lingo section on pages 32-37.

MORE ABOUT HOSPITAL AND MEDICAL CLAIMS

Depending on your level of cover and which hospital you go to, you might be able to claim for the following hospital-related expenses for services included in your cover (less any excess that applies):

- Emergency Ambulance Transportation (not including transfers between hospitals)
- overnight and same-day accommodation charges (including critical care)
- operating theatre and labour ward charges. You can't claim these charges for Restricted Services where only Minimum Benefits are payable
- pharmaceuticals you're given in hospital that are directly associated with your reason for admission and that you take in hospital (doesn't include experimental and some non-PBS drugs)
- allied health and therapy services like physiotherapy, occupational therapy, speech pathology and dietetics provided while you're admitted to a Participating Hospital (you can't claim for these services under your extras cover while you're in hospital)
- surgically implanted prostheses and human tissue items that are on the government-approved Prescribed List of Medical Devices and Human Tissue Products
- medical charges (see page 13 for more).

WHAT'S RESTRICTED COVER?

Restricted Cover is where certain services are listed as Restricted Services under a hospital product and where Minimum Benefits apply.

Minimum Benefits are reduced benefits that we pay for Restricted Services (you don't have full

cover for a hospital procedure), or when you go to a hospital that isn't in the HCF network. If Minimum Benefits are in place, you're likely to have large additional costs, known as 'gaps' (see page 12). Minimum Benefits are set by the Commonwealth Government.

If you do have Restricted Services under your cover, HCF will pay:

- the Minimum Benefit for a shared room
- Minimum Benefits for government-approved Prescribed List of Medical Devices and Human Tissue Products items for the Restricted Services.

This means you might have to pay large gaps in a private hospital or if you choose to be a private patient in a public hospital. When Accident Safeguard applies, the Benefits payable for Excluded Services or Restricted Services will be those applicable to a service covered on an unrestricted basis. Accident Safeguard excludes Elective Cosmetic Surgery and podiatric surgery by a registered podiatric surgeon.

Minimum Benefits differ in private and public hospitals:

In a Participating Private Hospital:

Where a service is a Restricted Service, Minimum Benefits won't cover all hospital costs and you could have gaps to pay.

In a private Non-participating Hospital:

We only pay Minimum Benefits for all services, including those that are covered or restricted. Minimum Benefits won't cover all hospital costs and you might have to pay significant gaps. It's important to ask the hospital what costs you're likely to have before you're treated.

In a public hospital:

If you choose to be a private patient in a public hospital, we only pay Minimum Benefits for all services, including those that are covered or restricted. You might have to pay large gaps if



Minimum Benefits are less than what your chosen public hospital charges, or if they don't cover all hospital costs.

WHAT ARE 'SERVICES NOT INCLUDED'?

If you choose a hospital cover where some treatments are listed as Services Not Included (we define these services as Excluded Services in our Fund Rules and on page 34), then we won't pay any hospital, medical or other benefits for those treatments, except if you have Accident Safeguard as part of your cover.

Services Not Included in a private hospital means you're responsible for all hospital and medical charges related to those services, which could be large.

Services Not Included in a public hospital means if you choose to be a private patient in a public hospital, you're responsible for all hospital and medical charges related to those services, which could be large. You can choose to be treated as a public patient to avoid these charges.

TRAVEL AND ACCOMMODATION

If you live in a rural or regional area, you can claim travel costs if this benefit is included in your level of cover.

Your travel for medical specialists (eligible extras cover only) and/or hospital treatment (eligible hospital or extras cover) must be within Australia and greater than a 200km round trip for treatment that isn't available locally. You can't claim on both hospital and extras cover for the same hospital admission.

You can claim towards accommodation costs for the patient and carer (if medically necessary) including the night before and after the hospital admission, if this is included in your level of cover. Terms and conditions apply.

Go to hcf.com.au/travel-accommodation to find out more.

To claim, fill out and send us an 'HCF Application to Claim Travel and Accommodation Expenses' form, available at hcf.com.au/forms, from any HCF branch or by calling **13 13 34**.

WHAT'S NOT COVERED BY MY HEALTH INSURANCE?

There are some situations where your health insurance doesn't cover you, unless we're required to pay benefits under the *Private Health Insurance Act*.

The items listed below aren't a complete list of what isn't covered, so always call 13 13 34 to check your cover before you go to hospital or have a treatment.

Some items not covered by our hospital or extras cover include:

- Elective Cosmetic Surgery
- emergency room fees
- Ambulance Transportation between hospitals (emergency or non-emergency)
- services supplied by a provider not recognised by HCF
- claims made 2 years or more after date of service
- treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice (subject to HCF's obligation to pay Benefits under the *Private Health Insurance Act*)
- claims that do not meet HCF's criteria as set out in the Fund Rules
- services that are not delivered face-to-face in a clinical setting; such as online or telephone consultations, unless a member is participating in a Chronic Disease management Program or Health Management Program, or the service is a Telehealth Extras Service (see page 8)
- services provided outside Australia which do not meet the requirements under the *Private Health Insurance Act*
- any service where the treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules
- 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
- 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 for Pre-Existing Conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12 month Waiting Period (the Pre-Existing

Condition Waiting Period applies to new Members and Members upgrading their Policy to any higher level Benefits or lower excess under their New Policy)

- if a service is listed as a Service Not Included (we define these services as Excluded Services in our Fund Rules and on page 34) in the Product Information. For some Hospital Covers, a Service Not Included might 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 not included regardless of whether or not treatment is required as a result of an Accident.

Our hospital cover doesn't include the following, unless we're required to pay benefits under the *Private Health Insurance Act*:

- doctors consultations performed in a doctor's surgery, medical centre, clinic, or as an outpatient
- hospital benefits relating to procedures (and other associated goods and services) that do not require a hospital admission (except certified Type C procedures)
- private room accommodation for Same-Day procedures
- luxury room surcharge
- massage and aromatherapy services
- select services provided while in Hospital by non-hospital providers e.g. dental practitioner
- take home items including crutches, toothbrushes and drugs
- personal convenience items including the cost of phone calls, newspapers, magazines and beauty salon services
- respite care
- special nursing
- benefits for Nursing Home Type Patients except as required under *Private Health Insurance Act*
- hospital benefits (including Medical Benefits) for services in respect of which the item is not approved for payment by Medicare
- donated blood and blood products
- donated blood collection and storage
- the gap on government-approved gap-permitted Prostheses items
- pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission

- PBS pharmaceutical benefits in private Non-Participating Hospitals
- experimental drugs, high cost non-PBS drugs and Therapeutic Goods Administration (TGA)-approved drugs used for a purpose other than that for which they were approved. This condition applies for all clinical categories including chemotherapy, radiotherapy and immunotherapy for cancer
- experimental treatment or other treatment that does not fall within a clinical category under the Private Health Insurance (Complying Product) Rules that is covered by the product
- benefits where a service is a Service Not Included (we define these services as Excluded Services in our Fund Rules and on page 34) for the payment of Benefits in a Hospital, and any other services directly related to those services, including medical, diagnostic, prosthesis and pharmacy received at the same time, except when Accident Safeguard applies
- benefits greater than Minimum Benefits if a service is listed as a Restricted Cover in the Product Information. For some Hospital Covers, Minimum Benefits might 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, extras benefits are not payable for:

- add-ons for optical such as a high index material, coatings and tinting
- services received overseas or purchased from overseas including items sourced over the internet
- routine health checks, screening and mass immunisations
- where a provider is not in an independent Private Practice
- more than one therapy service performed by the same provider in any one day
- services while a hospital patient except for eligible oral surgery
- pharmacy items that do not meet HCF's definition of a Pharmaceutical Item (see page 35 for definition)

- services that had not been provided at time of claim
- fees for completing claim forms and/or reports
- where no specific health condition is being treated or in the absence of symptoms, illness or injury (except some Chronic Disease Management Programs)
- co-payments and gaps for government-funded health services including the co-payment for PBS items
- any service specifically excluded by law including Alexander Technique, Aromatherapy, Bowen Therapy, Beteyko, Feldenkrais, Western Herbalism, Homeopathy, Iridology, Kinesiology, Naturopathy, Pilates, Reflexology, Rolwing, Shiatsu, Tai Chi and Yoga.

MORE INFO ABOUT EXTRAS CLAIMS

RECOGNISED PROVIDERS

To meet our obligations and to ensure our members get quality care, HCF has recognition requirements that providers must meet. If a provider doesn't meet HCF's requirements or on the rare occasion a provider is de-listed, you can't claim benefits for services from them. Natural therapy providers must have continuous membership with an association that HCF recognises. To find out if your provider is recognised by HCF, call us on **13 13 34**.

CLAIMS ASSESSMENT PROCESS

When you or your provider make claims for your treatment, we apply an assessment process. As well as checking claims against your entitlements and the Fund Rules, the assessment process is there to make sure that the services being claimed are billed correctly. If a claim is rejected because of our assessment process, it may be because we have questions about your claim, or because you aren't entitled to the benefits claimed under your cover. You can call us on **13 13 34** if you have any questions about your claim.

ARTIFICIAL APPLIANCES

Some extras covers include benefits for certain artificial appliances, like CPAP machines or blood glucose monitors - which must always meet HCF's definition of an Artificial Appliance (see page 33) and be on our approved list.

You may only be able to claim appliances when specified health professionals prescribe them

for particular health conditions, and if you can provide a letter from the professional 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, call us on **13 13 34** to find out if you can claim for it. We'll tell you:

- if the appliance is covered
- if any service limits apply
- what supporting information we need from your doctor/specialist/allied health professional to help you make a claim.

Different waiting periods apply, depending on your level of cover.

HEALTH MANAGEMENT PROGRAMS

Some HCF extras covers include Health Management Programs, where you can claim towards programs like weight management programs, exercise programs (see below) and childbirth education.

Before you start any Health Management Program, please check with us that you're eligible. The providers of the program must be recognised by HCF and claims must include original receipts with provider details, the type of program, the program location, and start and end dates.

EXERCISE PROGRAMS AND GYMS

To claim the cost of an exercise program, you must fill in and send us 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're claiming for a class held by a physiotherapist or exercise physiologist. You can't claim for recreational or competitive sports or activities.

HEARING AIDS

Some extras covers include benefits for hearing aids (see definition on page 34). Your hearing aid limits renew every 3 years from the date you get them, not every year. Depending on your cover, limits increase the longer you have your cover. Please check your

cover details by logging in to online member services hcf.com.au/members or call us on **13 13 34**.

MENTAL HEALTH SERVICES

Members whose extras cover includes psychology treatment may be entitled to 2 levels of benefits.

To receive the higher benefit for psychology treatment in a calendar year, a member must have:

- a Medicare Mental Health Treatment Plan and have used up the plan in that calendar year
- have a medical practitioner or a psychologist certify that further psychology treatment is needed and on going
- receive the further psychology treatment from a psychologist who is a recognised provider and treating the member as a private patient.

The higher benefit will apply for the remainder of that calendar year.

Couple and family consultations

If you're covered for mental health services, only the member who's been charged the full amount for the couples or family consultation is eligible to receive benefits for a couples or family consultation, and is:

- the only person specified on the invoice issued by the recognised provider; or
- identified as the primary person receiving treatment by the recognised provider on the invoice; or
- if (a) or (b) don't apply, the first person listed on the invoice issued by the recognised provider.

Benefits are only payable once per couples or family consultation.

ORTHODONTICS

Orthodontics is a specialty of dentistry that deals with the diagnosis, prevention and treatment of problems with alignment of the teeth and jaws.

Orthodontic benefits have a lifetime limit and an annual limit, depending on your level of cover. You'll get lower benefits and your overall limit will be lower if a dentist other than an orthodontist

treats you. Always check with us on **13 13 34** before undertaking any orthodontic work.

We won't pay for direct-to-consumer clear teeth aligners or related services, because they're not being given in person by a recognised dentist or orthodontist.

Orthodontic treatment might involve:

- custom-made appliances, e.g. to change the jaw shape
- braces or aligners to straighten teeth
- the fitting of a retainer to keep the position of teeth once braces are removed.

Orthodontic treatment can include the upper or lower jaw and teeth, or both.

The benefit you'll get back depends on your level of cover, and annual and lifetime limits; 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 might be able to claim more if you need more than 1 orthodontic appliance. For example, we pay higher benefits for braces on your upper and lower teeth than braces for your upper teeth only.

We won't pay a benefit before the treatment takes place, even if you choose to pay for your orthodontic treatment in advance or with a payment plan. The benefits for braces or aligners can only be paid once the braces or aligners are in place. For details on how to claim for your treatment see page 8.

PHARMACY

You might be able to claim for a range of non-PBS listed drugs, if your level of cover includes pharmacy benefits. See the definition of an eligible Pharmaceutical Item on page 35. The range of claimable drugs changes each month so, to be sure, call us on **13 13 34** to check. Before any benefit is paid, we take a co-payment equivalent to the standard Pharmaceutical Benefit Scheme (PBS) co-payment that was current at the time the drugs were dispensed.

SCHOOL ACCIDENT BENEFIT

If your level of cover includes School Accident Benefit, you might be able to claim more extras benefits if your child has an Accident in,

or travelling to or from, school and you can't recover the costs from another source. You can only claim to help top up services included in your extras cover. This benefit doesn't include medical or hospital services. Claims must include a detailed description of the Accident from the school and be submitted within 12 months of the Accident. School Accident Benefit applies to children up to secondary school, depending on any waiting periods for the extras service being claimed, and the annual limit.

INSULIN PUMPS

Here's some important info for HCF members who have Diabetes and might need, or already have, an insulin pump and have cover for insulin pumps. You must be on an eligible hospital cover, have served any relevant waiting periods and have your premiums paid up to date to claim.

Initial insulin pumps

These benefits apply for the first time in your life when you start using an insulin pump. If your insulin pump therapy begins in an outpatient setting, and you're on an appropriate product with HCF for a minimum of 12 months, HCF will pay a benefit equal to the minimum amount on the government-approved Prescribed List of Medical Devices and Human Tissue Products.

If you need to be admitted to hospital to start pump therapy within the first 12 months of cover on an appropriate product, we'll provide a benefit, as long as the condition that led to the admission is not deemed pre-existing (as determined by a HCF appointed medical practitioner in accordance with legislation) and any applicable Type C certification is completed in accordance with the legislation. After 12 months of cover on an appropriate product, if you're admitted to hospital, we'll provide a benefit, provided any applicable Type C certification is completed in accordance with the legislation. Please note that education is not a valid reason for hospitalisation. We may ask for additional information to verify the reasons for hospitalisation.

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

Replacement insulin pumps and cochlear speech processors

If a replacement insulin pump is provided while you're in hospital, we'll pay benefits on the same basis as set out above for an initial insulin pump.

For a replacement insulin pump provided in an outpatient setting, apply using the insulin pump funding application form available at hcf.com.au/forms

For a replacement cochlear speech processor, we need a letter and completed form from your audiologist requesting a replacement device.

Depending on your level of cover, you may be eligible for a benefit for insulin pumps and speech processors provided out of hospital once every 5 years from the date you received your previous pump/speech processor, provided you continuously maintain appropriate hospital cover.

HCF doesn't pay benefits for speech processors when a member can recover the costs from a third party other than HCF, including an authority. This includes processor replacements for Australian residents under 25 years, which are paid for by Hearing Australia.

Please note that HCF doesn't replace damaged, lost or stolen pumps/speech processors.

HCF also doesn't pay for consumables for insulin pumps, which are available through the National Diabetes Services Scheme. Please contact us for more details.

ABOUT AMBULANCE CLAIMS

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

HCF hospital and extras covers include emergency ambulance services provided by State Government Ambulance Service Providers (see page 33). On some levels of cover, you might also be able to claim up to \$5,000 per person, per year for non-emergency, medically necessary Ambulance Transportation by Ambulance Service Providers.

There's a waiting period of 1 day for emergency ambulance cover and 2 months for non-emergency ambulance cover (if it's included in your policy).

You can claim ambulance benefits for emergency transport to the nearest appropriate hospital able to provide the level of care you need (excluding transport between hospitals).

NSW AND ACT MEMBERS

If you're a resident of NSW or the ACT with hospital cover, a levy is included in the hospital component of your cover. This levy entitles you to Emergency Ambulance Transport provided by an Ambulance Service Provider across Australia, excluding Qld and SA, and WA for ACT residents. So, if you get an invoice for Emergency-related Ambulance Transport, just send it to us and we'll send the account to the appropriate Ambulance Service Provider for settlement.

If you pay the levy and get emergency transport from either Qld or SA State Government Ambulance Service Providers, you can claim for eligible Ambulance Transportation (see page 32) from HCF.

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

In NSW and the ACT, members with pension and social security entitlements are exempt from the cost of Ambulance Transportation. These members just need to fill in the relevant section on the back of your ambulance invoice and return it to the Ambulance Service Provider to settle the account. In this instance, benefits for ambulance services aren't payable under your HCF policy.

QLD MEMBERS

If you're a Qld resident, you're covered under your state ambulance service scheme Australia-wide and benefits for ambulance services aren't payable under your HCF policy.

TAS MEMBERS

If you're a resident of Tas, you're covered under your state ambulance service scheme in Tas only. In other states (excluding Qld and SA), you're covered under state reciprocal agreements (these can change from time to time) for emergency road ambulance only. If you receive emergency ambulance services from either Qld or SA State Government Ambulance providers and aren't otherwise covered for emergency ambulance services, you can claim under your HCF cover for eligible Ambulance Transportation (see page 32).

If your cover is for extras only, 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 to the nearest appropriate hospital provided by your state Ambulance Service Provider. See page 32 for more ambulance info.

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

THIRD PARTY AND COMPENSATION CLAIMS

Call us on **13 13 34** or visit a branch if you think 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.

CHANGES TO COVERS AND PRICING

Please read and keep this brochure for future reference. It should be read in conjunction with our health insurance brochure. We have the right to make changes to prices, cover specifications and other conditions relating to our covers. Please get in touch with us before purchasing any covers or health services to make sure you have the latest information available.

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

INSURANCE LINGO

This glossary explains some commonly used words and phrases which have a meaning specific to HCF. Find more in the Fund Rules at hcf.com.au/fundrules

WORDS YOU SHOULD KNOW

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 a 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 a Member is covered by another funding arrangement such as a State Government scheme

- (iv) where a Member is 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 (when 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
- (viii) for Ambulance Service Providers not recognised by HCF
- (xi) where a Member is entitled to a waiver of the charges from the Ambulance Service Provider (such as a waiver due to pensioner status)
- (xii) where a Member requests to be transferred to a hospital closer to their home.

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 a Member is covered by another funding arrangement such as a State Government scheme
- (iv) where a Member is 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 (when formally admitted)
- (vi) for charges made for a medical retrieval escort
- (vii) for Ambulance Service Providers not recognised by HCF
- (viii) where a Member is entitled to a waiver of the charges from the Ambulance Service Provider (such as a waiver due to pensioner status).

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 that are ordinarily claimable under an eligible extras cover as meeting all 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
- (f) approved by the Medical Director

(g) listed on HCF's list of approved artificial appliances for your level of cover.

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 which are Covered (in whole or part) under their Policy in accordance with the Fund Rules.

CHRONIC DISEASE MANAGEMENT PROGRAM

This is a program approved by HCF that is General Treatment and intended to either:

- (a) reduce the complications in a person with a diagnosed chronic disease
- (b) prevent or delay the onset of chronic disease for a person with identified multiple risk factors for chronic disease.

DEPENDANTS

Dependants means:

- (a) Child Dependant
- (b) Non-Classified Dependant
- (c) Student Dependant
- (d) Adult Dependant.

Child Dependant means a person who:

- (a) is aged less than 18
- (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
- (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.

Non-Classified Dependant means a person who:

- (a) is aged between 18 and 21 (inclusive)
- (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
- (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 aged between 22 and 30 (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
- (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 30 (inclusive)
- (c) is unmarried and not in a de facto relationship
- (d) is not a Student Dependant
- (e) is primarily reliant on the Policyholder (or Partner listed on the Policy) for maintenance and support
- (f) is insured under an Extended Family Membership or Single Parent Extended Family Membership.

DIRECT FILLING

A direct filling, also known as a direct restoration, is a repair to the tooth made directly inside 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.

ELIGIBLE PODIATRIC CONDITION

Eligible Podiatric Condition means a condition in a recognised podiatrist's scope of practice that is not general maintenance such as nail clipping.

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.

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.

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.

FIRST VISIT

First Visit in relation to the *More for Muscles*, *More for Backs* and *More for Feet* programs means a Service that is an initial consultation received for an Eligible Musculoskeletal Condition or Eligible Podiatric Condition which is:

- (a) a new health condition, where the symptoms are not related to a condition for which Services have been previously sought; or
- (b) an acute flare-up of an existing condition where there has been no Services provided for that condition in the previous 3 months.

FOOT ORTHOTICS

Foot Orthotics (Orthotics) means in-shoe appliances, used to help 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. Service limits may apply.

GAP BONUS

Gap Bonus helps reduce or eliminate out-of-pocket costs by topping up the benefit we pay on services included in your Flex My Extras or Corporate Flex My Extras cover. Gap Bonus kicks in after 12 month and you can use your Gap Bonus on any covered extras service. Each calendar year that you're with us, the amount of your Gap Bonus will grow from \$50 in year 2 to \$75 in calendar year 3 and \$100 in calendar year 4 and each calendar year after that. Each member listed on the policy has their own Gap Bonus entitlement. Gap Bonus is non-transferable between members and unused Gap Bonus can't be rolled over into the following calendar year.

HEALTH MANAGEMENT PROGRAM

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

HEARING AIDS

Devices that are ordinarily claimable under eligible extras cover which are intended to treat or compensate for an individual's hearing loss. They are personalised to the user's hearing characteristics. The hearing aids must be listed with the Australian Register of Therapeutic Goods (ARTG) as a medical device and supplied by an HCF recognised provider.

HOSPITAL

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

INDIRECT FILLING

An Indirect Filling (sometimes called an indirect restoration) is a more complex repair to a tooth using a model or digitised image and made in a laboratory. Indirect Fillings have a 12 month waiting period.

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.

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.

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
- (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 Benefits payable under Schedules 1 to 4 of the Private Health Insurance (Benefit Requirements) Rules for accommodation and any other amounts HCF is required to pay under the *Private Health Insurance Act*.

MINISTER

Minister means the Commonwealth 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.

NO-GAP NETWORK

No-Gap network in relation to selected extras cover means the dental practitioners, physiotherapists, chiropractors, osteopaths and podiatrists who have entered into agreements with HCF (*More for Teeth*, *More for Muscles*, *More for Backs* and *More for Feet*) and who won't charge a gap for selected services (other than where members do not have available limits).

PARTICIPATING PRIVATE HOSPITAL

Participating Private 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.

NON-PARTICIPATING HOSPITAL

Non-participating Hospital is a Hospital which is not a 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. Before we pay an extras pharmacy benefit we deduct a co-payment that's equivalent to the general patient PBS co-payment that applied at the time the drugs were dispensed. The amount of the co-payment is adjusted around 1 January each year. The PBS equivalent co-payment does not apply to Vaccines.

PHARMACEUTICAL ITEM

Pharmaceutical Item means a medicinal item which is ordinarily claimable under an eligible Extras Cover and is not a Vaccine, which is:

- (a) a Schedule 4 or Schedule 8 drug, as outlined in the Poisons Standard that has been prescribed 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. This means the item must also not be compounded or extemporaneously prepared
- (d) prescribed for treatment of the approved specific indications as detailed in the Australian Register of Therapeutic Goods
- (e) compliant 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, or equal to, 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
- (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 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
- (b) who 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
- (b) in relation to Extras Services, 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.

PRESCRIBED LIST OF MEDICAL DEVICES AND HUMAN TISSUE PRODUCTS

Prescribed List of Medical Devices and Human Tissue Products means the list of Private Health Insurance (Medical Devices and Human Tissue Products) Rules made pursuant to the *Private Health Insurance Act*, as updated from time to time.

PSYCHIATRIC CARE OR SERVICE

Psychiatric Care means hospital treatment received in a hospital that is licensed to provide psychiatric treatment/hospital psychiatric services 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).

RECOGNISED PROVIDER

Recognised Provider means:

- (a) a Hospital
- (b) a registered Medical Practitioner
- (c) a provider of Extras Services in Australia who:
 - (i) is in Private Practice
 - (ii) for each relevant class of Service, satisfies all Recognition Criteria
 - (iii) is recognised by HCF
- (d) an Ambulance Service Provider
- (e) any other provider recognised by HCF.

RECOGNITION CRITERIA

Recognition Criteria means the following:

- (a) the standards in the Private Health Insurance (Accreditation) Rules
- (b) any other criteria that HCF considers reasonable for the purpose of recognition.

REHABILITATION CARE OR SERVICE

Rehabilitation Care means hospital treatment received in a hospital that is licensed to provide rehabilitation treatment within a program approved by HCF and that meets the Guidelines for Recognition of Private Hospital based Rehabilitation Services.

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 Hospital treatment or General treatment, which is covered under a Policy.

SERVICES NOT INCLUDED

Services Not Included (we define these services as Excluded Services in our Fund Rules and on page 34) means a service that is not included or covered under a Member's Policy and therefore no Benefit is payable for that service.

TELEHEALTH EXTRAS SERVICE

Telehealth Extras Service means a one to one, real time consultation with a Recognised Provider through video or telephone for childbirth education, dietetics, exercise physiology, lactation consultation, occupational therapy, physiotherapy, podiatry, psychology, speech pathology or weight management under a Health Management Program, that is provided in accordance with telehealth protocols or policies developed by the relevant professional association.

VACCINES

Vaccine means a medicine used to stimulate the body's immune response to protect against specific diseases caused by bacteria and viruses that is ordinarily claimable under an eligible Extras Cover and which is:

- (a) a Schedule 4 drug, as outlined in the Poisons Standard, that has been prescribed 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 in accordance with the 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 generally prescribed for reproductive medicine including contraception or for the enhancement of sporting, sexual or work performance;
 - (ii) the item is generally prescribed for weight loss;
 - (iii) the item is excluded under the HCF Clinical Pharmaceutical Procedure for Extras Benefits; or
 - (iv) the item is available without a prescription.

2 YEAR OPTICAL LIMIT

The 2 Year Optical Limit is available for members with a combination of Top Advanced Hospital Gold and Super Multicover (these products are no longer for sale). After 12 months, the annual optical limit converts to a 2 year limit and allows you to claim up to \$500 in any 2 consecutive calendar years. If \$500 is used in 1 year, no Benefits will be payable in the next year. An annual sub-limit applies to contact lenses.

YOUR RIGHTS & PRIVACY

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.

See a full copy of the code at privatehealth.com.au/codeofconduct

We support this by making sure you:

- get the right information about private health insurance
- are aware of the internal and external dispute resolution procedures
- can make an informed decision about your cover
- are protected in accordance with the privacy principles.

For general information about private health insurance, see privatehealth.gov.au

PRIVATE PATIENTS HOSPITAL CHARTER

We support the Private Patients Hospital Charter, which outlines what members can expect from doctors, hospitals and their health fund. Visit the Private Health Insurance section for consumers at health.gov.au, or call the Department of Health and Aged Care on **1800 020 103** for details of the Charter.

LIFE INSURANCE CODE OF PRACTICE

HCF Life is bound by the Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to customers. For further information see fsc.org.au



HAVE A COMPLAINT?

If you have a complaint about any of the products or services we offer, your membership or cover, or if you want to know the status of an existing complaint, contact us for help.

Call: 13 13 34

Go to: hcf.com.au

Email: service@myhcf.com.au

Write to: HCF GPO Box 4242, Sydney NSW 2001

Visit: a local branch, see locations at

hcf.com.au/branches

If you aren't satisfied with the resolution of your **health insurance** complaint, you can get in touch with the Commonwealth Ombudsman. They're an independent body that helps resolve complaints and gives advice and information for free.

Call: 1300 362 072

Go to: ombudsman.gov.au

Write to: GPO Box 442, Canberra, ACT 2601

If you aren't satisfied with the resolution of your complaint about **life, pet or travel insurance**, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA gives free, fair and independent financial services complaint resolution.

Call: 1800 931 678 (free call)

Go to: afca.org.au

Email: info@afca.org.au

Write to: Australian Financial Complaints Authority,
GPO Box 3, Melbourne VIC 3001

OUR PRIVACY STATEMENT

Your privacy matters to us and we're committed to protecting your privacy.

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
- 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's 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
- where disclosure is otherwise authorised or required by, or under, applicable laws or any other legal or regulatory process
- other members and the public, such as where we publish details of our analysis of claims data and charges including out-of-pocket (gap) costs charged by health service providers for different treatments (no members will be identified).

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

If you don't provide 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 in to online member services at hcf.com.au/members and updating your preferences.

For more about the personal information we collect and how we handle it, how to access and update your information, or how to make a complaint and how we respond to complaints, read our Privacy Policy at hcf.com.au/privacy or visit a branch.

New policyholders: make sure all members on your policy are made aware of the HCF Privacy Policy.

PUTTING PEOPLE BEFORE PROFIT THAT'S UNCOMMON CARE

The Hospitals Contribution Fund of Australia Ltd
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