

HCF MY FAMILY SILVER PLUS PRODUCT SUMMARY

Affordable hospital cover packaged with flexible extras. Designed for growing families who want pregnancy cover and a range of extras services and therapies.

FEATURES



HOSPITAL INCLUDES:

- Flexible excess options choose from a \$250, \$500 or \$750 excess. No excess for kids aged under 25 or accident related treatment
- Affordable hospital cover including pregnancy and birth
- Covers back, neck and spine procedures, joint reconstructions, tonsils, adenoids and grommets procedures and more
- **Ambulance cover in emergencies**

EXTRAS INCLUDES:

- Flexible \$800 combined limit plus \$200 optical limit
- Services to suit your family's needs including dental, optical, dietetics and a range of therapies
- Benefits on HCF-approved antenatal and postnatal services, including childbirth education classes, breastfeeding consultations, breastfeeding support services provided by the Australian Breastfeeding Association, pregnancy compression garments, antenatal and postnatal group physio classes and pelvic floor physio
- Claim on a range of HCF-approved Health Management Programs including learn to swim courses, weight management programs and gym membership fees for specific health conditions



GET 100% BACK ON POPULAR EXTRAS[#]

You can get 100% back at extras providers in our No-Gap network, depending on your cover and annual limits[#]. Including:

- 2 dental check-ups a year
- a pair of prescription glasses from a selected range** and you'll also get free digital retinal imaging with your eye test.



- Excludes optical which is a separate additional limit of \$200.
- Excludes optical which is a separate additional limit of \$200. To be eligible, must attend a hospital emergency department within 24 hrs. Top hospital coverage applies for up to 90 days of the Accident. Other conditions apply. See **hcf.com.au/accident-safeguard** When you travel at least 200km round trip. Other terms and conditions apply. Go to **hcf.com.au/travel-accommodation** to find out more Waiting periods and annual limits apply. Providers are subject to change. We recommend that you confirm the provider prior to booking your appointment. See **hcf.com.au/100back** See hcf.com.au/100back
- Excludes add-ons such as high index material coatings and tinting.

HCF MY FAMILY SILVER PLUS HOSPITAL

KEY FEATURES					
Excess options (per person per calendar year)	\$250, \$500 or \$750				
No excess for kids aged under 25	✓				
No excess for Accident-related treatment	✓				
Travel and accommodation benefit*	✓				
Available without extras cover	No				

THIS POLICY INCLUDES COVER FOR:

Emergency ambulance

Accident Safeguard - services that are not included or have Restricted Cover will be treated as covered services in the event of an Accident that occurs after joining. Does not include podiatric surgery. Conditions apply. See **hcf.com.au/accident-safeguard**

Rehabilitation

Palliative care

Brain and nervous system e.g. stroke, brain or spinal cord tumours

Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye

Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer

Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets

Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer

Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments

Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence

Male reproductive system e.g. male sterilisation, circumcision and prostate cancer

Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids

Hernia and appendix e.g. hernia operations and appendicitis

Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy

Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer

Miscarriage and termination of pregnancy

Chemotherapy, radiotherapy and immunotherapy for cancer

Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block

Skin e.g. surgery to remove melanoma, minor wound repair and abscesses

Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia

Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections

Heart and vascular system e.g. heart failure and heart attack, monitoring of

heart conditions, varicose veins and removal of plaque from arterial walls **Lung and chest** e.g. lung cancer, respiratory disorders such as asthma,

pneumonia and treatment of trauma to the chest

Blood e.g. blood clotting disorders and bone marrow transplants

Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis

Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma

Dental surgery[#] e.g. surgery to remove wisdom teeth and dental implant surgery

Podiatric surgery (provided by a registered podiatric surgeon) $^{\infty}$

Implantation of hearing devices[^]

Pregnancy and birth

Sleep studies e.g. sleep apnoea and snoring

THIS POLICY INCLUDES RESTRICTED COVER FOR:

Hospital psychiatric services

THIS POLICY DOES NOT INCLUDE COVER FOR:		
Cataracts		
Joint replacements		
Dialysis for chronic kidney failure		
Assisted reproductive services		
Weight loss surgery		
Insulin pumps		
Pain management with device		
Elective cosmetic surgery		

This product includes cover for accommodation, operating theatre, intensive care, Government approved Prostheses, pharmaceuticals (excluding experimental and high cost non-PBS drugs) as part of your covered admission at an HCF participating hospital.

EXCESS

An excess is a non-refundable amount of money a member agrees to pay towards the cost of services before benefits are payable when admitted to hospital. If hospitalised, the total excess amount of your cover will apply once per person per calendar year.

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on **privatehealth.gov.au** for which hospitals have arrangements with your insurer.

PREGNANCY AND BIRTH

To be covered for pregnancy and birth in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes pregnancy and birth 12 months before the date of birth of your child to minimise your out-of-pocket expenses. If you're expecting, make sure you transfer to a family membership within 2 months of the birth of your child to ensure your baby is covered.

RESTRICTED COVER

For these services, only Minimum Benefits are payable which means that you may have to pay significant out-of-pocket expenses in a private hospital. In a public hospital, if you elect to be a private patient, you may also have to pay out-of-pocket expenses.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services, except in the case of Accident Safeguard. Always check with us to see if you're covered before going to hospital.

Members must hold eligible extras cover if they want to claim benefits for eligible dental services performed in a hospital.

Limited benefits apply. Minimum Benefit level payable by HCF for Hospital accommodation as determined under the Private Health Insurance Act and the cost of prosthesis (as listed on the Prosthesis List). No benefit is payable for podiatric surgeon fees. Ensure you have Informed Financial Consent prior to your treatment, for any out-of-pocket expenses.

Includes associated speech and sound processors including upgrades.

HCF MY FAMILY SILVER PLUS EXTRAS

TREATMENTS COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
Å	Glasses and contact lenses	Spectacle frames	\$115	2 months	\$200
OPTICAL		Spectacle lenses – pair	\$140		
PP		Contact lenses - pair	\$140		
	Diagnostic and preventative	Examinations	\$32 - \$73	-	
GENERAL DENTAL		Removal of plaque/calculus	\$36 - \$62		
		Application of fluoride	\$27	2 months	
GENERA DENTAL		Single film X-rays (service limits apply)	\$29	2 monuns	
6 1	Simple fillings	Direct fillings	\$85 - \$177		
	Tooth extractions	Simple extractions	\$95 - \$143		
L	Oral surgery	Surgical extractions	\$157 - \$250		
MAJOR DENTAL	Complex fillings	Indirect fillings	\$298 - \$600		
DE	Periodontics	Treatment of tissue surrounding teeth	\$23 - \$374	12	
OR	Endodontics	Treatment of root canals	\$27 - \$248	12 months	
Ā	Crowns and bridges	Placing of crowns and bridges	\$238 - \$600		
Σ	Dentures	Dentures and components (partial and complete)	\$25 - \$600		\$800 combined limit per person
	Mental health services Group/individual	Psychology (after Medicare Mental Health Treatment Plan is used up) includes group consultations	\$20/\$65	_	
		Psychology (when member does not have any unused Medicare Mental Health Treatment Plan in the calendar year) includes group consultations	\$14/\$38		
		HCF-approved counselling & accredited mental health social worker includes group consultations	\$12/\$31		
សួ		HCF-approved Online Cognitive Behavioural Therapy courses	\$59		
THERAPIES	Allied health	Physiotherapy (see Health Management Programs for classes)	\$56/\$49		
		Exercise physiology (see Health Management Programs for classes)	\$33		
	First visit/subsequent	Chiropractic	\$38/\$31		
		Osteopathy	\$46/\$36	2 months	
		Dietetics	\$35		
	Natural therapies First visit/subsequent	Remedial massage and myotherapy	\$36/\$31		
		Acupuncture and Chinese herbal medicine consultation	\$36/\$31		
	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	Up to \$50 per script		
	Vaccines	HCF approved e.g. Boostrix, Shingrix, Vivaxim and more		ou per script	
ОТНЕК	Health Management Programs	HCF-approved programs (e.g. weight management, learn to swim, group physiotherapy, group exercise physiology)			
		HCF-approved antenatal/postnatal services (e.g. childbirth education classes, pregnancy compression garments, breastfeeding consultations, breastfeeding support services provided by the Australian Breastfeeding Association)	Up to \$110		
	Emergency ambulance (State govt. services)	When not covered under state arrangements	100%	1 day	No annual limit

TREATMENTS NOT COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION	
Jor Tal	Occlusal Therapy	Treatment to improve bite	
MA	Orthodontics	Orthodontics - orthodontist/other dentist	
THERAPIES	Occupational therapy	Consultations and treatment	
	Podiatry (including foot orthotics)	Consultations and treatment	
	Orthotist/Prosthetist and Pedorthist	Consultation and treatment	
	Audiology	Hearing consultations	
	Speech pathology	Consultations and treatment	
OTHER	Artificial aids & appliances	HCF-approved (e.g. low vision aids, blood glucose monitors, orthoses)	
	Hearing aids	Benefits accrue over time and renew every 3 years	
	Travel and accommodation	200km round trip for a consulting medical specialist	
	School Accident Benefit	Helps pay out-of-pocket expenses for extras in your cover. See hcf.com.au/school-accident	

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

HOSPITAL AND EXTRAS WAITING PERIODS				
1 DAY	Emergency ambulance.			
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to receive hospital psychiatric services as covered services may not be required to serve the waiting period for hospital psychiatric services. This exemption can only be accessed once in a member's lifetime.			
12 MONTHS	Pregnancy and birth. Pre-Existing Conditions (excluding hospital psychiatric services, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthdontics, dental bleaching, veneers, orthodontics, artificial aids and appliances, foot orthotics, minor podiatric procedures and hearing aids.			
2 MONTHS	All other hospital and extras services, including Accident-related treatment (for services included in your cover).			

WHAT'S NOT COVERED?

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

- claims for services by providers not recognised by HCF, and that do not meet HCF's criteria as set out in the Fund Rules
- treatment for Pre-Existing Conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12 month waiting period
- experimental, high cost non-PBS drugs and TGA-approved drugs used for a purpose other than that for which they were approved
- claims made 2 years or more after the date of service
- more than 1 therapy service performed by the same provider in any 1 day.

Please refer to the HCF Member Guide or Fund Rules for a comprehensive list of exclusions.

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules, or call **13 13 34** to check what you're covered for before receiving treatment.