WELCOME TO HCF

WE'RE COMMITTED TO PUTTING YOUR HEALTH FIRST
BECAUSE WE'RE NOT-FOR-PROFIT

This Guide is designed to help you get the greatest value and benefit from your HCF membership and most importantly, your health.

START MAKING THE MOST OF YOUR MEMBERSHIP

1. Register for online member services
The easy way to manage your membership, view your cover details and register your email address to receive important notifications. Go to hcf.com.au and click 'Member login' to get started.

2. Download our apps
We have 3 great healthy lifestyle apps, a My Membership app for easy claiming plus the Fit&Well magazine app for access to the latest health news. Available for Apple and Android.

3. Use our health and wellbeing programs
Need help with weight-loss, childbirth education, specialist medical advice or specific health needs? See pages 12 & 13 for more information on your member discounts and wide range of health programs on selected covers.

Three easy ways to contact us

CALL US 13 13 34
Mon - Fri 8am - 8pm AEST
Sat - Sun 9am - 5pm AEST

VISIT A branch

GO TO hcf.com.au

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

NOT-FOR-PROFIT MEANS INVESTING IN YOUR HEALTH NOW, AND FOR THE FUTURE

90 CENTS IN EVERY DOLLAR
We gave back 90 cents in every dollar, compared to the industry average of 87 cents in financial year 2015

HCF RESEARCH FOUNDATION
Funding important health and medical research to improve the quality of healthcare for all Australians

91% COVERED
In the 2015 financial year our members had no out-of-pocket expenses for 91% of all hospital-related medical services

100% BACK
on selected services like dental check-ups, optical and initial physio consults through over 10,000 service providers.
This is subject to your level of cover and annual limits

36,000 SPECIALIST DOCTORS
participate in the HCF Medical Gap cover scheme, helping you to pay less

VICTOR CHANG CARDIAC RESEARCH INSTITUTE
Access free heart health checks through our partnership with this world-leading organisation

MY GLOBAL SPECIALIST
When you need a second opinion, get the best advice from a global network of over 50,000 medical experts. Available on selected levels of cover

HCF RESEARCH FOUNDATION
Funding important health and medical research to improve the quality of healthcare for all Australians

MY HEALTH GUARDIAN
Since inception members with chronic conditions using this program have shown a 46% improvement in managing their medication

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HOW TO MAKE A CLAIM

Before you make a claim, make sure you:

- Check you’ve served your waiting periods
  To find out what waiting periods may apply to your membership go to hcf.com.au or call 13 13 34. You’ll also find more information on page 6.

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

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

- Have your item number or description ready
  Ask your clinician to provide a complete description of the service including any applicable item numbers. You can always contact us for more information on 13 13 34.

EASY WAYS TO CLAIM ON YOUR EXTRAS:

- USE THE APP
  Download the My Membership app at hcf.com.au/mobile-apps
  Available for Apple and Android.

- ON THE SPOT AT YOUR PROVIDER
  The most convenient way to claim is by swiping your membership card when visiting your participating provider.

- AT ANY BRANCH
  You can make a claim at any HCF branch by presenting your membership card and the original receipts.
  Please note: Some branches do not pay cash.
  You can find a list of our 50+ branches at hcf.com.au/branches

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

PLEASE NOTE:
- You must have served the relevant waiting period
- Your premiums must be paid up to the date of service for you to make a claim
- You cannot claim for goods or a service before it has been provided to you
- Claims must be lodged within two years of the date on which the service was provided (or 12 months from the accident, for School Accident cover)
- The Policyholder or Partner listed on the policy must sign the claim form or electronic claims receipt
- A Dependant aged 18 years or over who holds an HCF membership card can also claim and sign for their own services received
- Your healthcare provider must be recognised by HCF.
WAITING PERIODS
AND HOW THEY AFFECT YOUR COVER

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

Waiting periods apply when:

• you join or upgrade your cover
• reduce your excess or rejoin after a break in cover

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

• your HCF cover includes the same benefits as your previous cover
• you’ve served the equivalent waiting periods with your previous fund.

This excludes hearing aids; a two year waiting period will apply from the date you join HCF.

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

Continuity of previous cover doesn’t apply to loyalty limits for services like hearing aids, dental services (including orthodontic services), physiotherapy, chiropractic, osteopathy and exercise physiology.

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

Note: all pre-existing conditions, pregnancies and birth related services have a 12 month waiting period.

PRE-EXISTING CONDITIONS OR AILMENTS

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

WAITING PERIODS

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<th>Hospital</th>
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<tr>
<td>Palliative care</td>
<td>2 months</td>
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<td>Psychiatric services</td>
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<td>Rehabilitation services</td>
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<td>Pre-existing ailments or conditions</td>
<td>12 months</td>
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<td>Pregnancy &amp; birth related services</td>
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<tr>
<td>All other hospital services</td>
<td>2 months</td>
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<th>Same day hospital treatment excess waiver (available on selected covers)</th>
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<tr>
<td>All hospital services (where not for pre-existing ailments)</td>
<td>2 months</td>
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<tr>
<td>Pre-existing ailments or conditions</td>
<td>12 months</td>
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<th>Extras</th>
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<td>Health Management Programs</td>
<td>6 months</td>
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<tr>
<td>Foot orthotics and podiatric procedures</td>
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<tr>
<td>Pre-existing ailments &amp; conditions</td>
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<tr>
<td>Dental bleaching, crowns, bridges and implants</td>
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<td>Indirect fillings</td>
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<td>Dentures</td>
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<td>Endodontics</td>
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<td>Occlusal therapy</td>
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<td>Oral surgery</td>
<td>12 months</td>
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<td>Orthodontics</td>
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<td>Periodontics</td>
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<td>Prosthodontics</td>
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<td>Veneers</td>
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<tr>
<td>Artificial aids (e.g. low vision aids, blood glucose monitors)</td>
<td>12-24 months</td>
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<tr>
<td>Hearing aids</td>
<td>2 years</td>
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<td>School Accident cover</td>
<td>2-12 months</td>
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<tr>
<td>All other extras services</td>
<td>2 months</td>
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<th>Ambulance</th>
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<td>Emergency ambulance (where not for pre-existing ailments)</td>
<td>1 day</td>
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<tr>
<td>Pre-existing ailments</td>
<td>12 months</td>
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These waiting periods are applicable where covered under your policy.

HAVING A BABY?

If you’re pregnant and on a single or couple membership, make sure you upgrade to a family or single parent membership as soon as you fall pregnant, but no later than 2 months prior to the birth of your child so that child is covered.

If your child is born prematurely and you haven’t held a family or single parent type membership for at least 2 months, your child won’t be covered for procedures that occur during the initial 2 month waiting period.
THE GAP, WHAT IT IS, AND WHAT IT MEANS FOR YOU

THE GAP
Sometimes there’s a difference between how much a provider charges you and the benefits HCF pays, so there could be an amount you’ll need to pay.
This is known as ‘the gap’.
At HCF, we work hard to establish arrangements with healthcare providers to reduce (or eliminate) this gap for our members.

WHAT YOU NEED TO KNOW
Before you receive treatment as a private patient in a private or public hospital, you should ask your:
• treating health professional
• the hospital
• and HCF
about any out-of-pocket expenses you’ll have to pay (‘the gap’).
Many hospital and medical services and procedures don’t incur a gap, however if your treatment or the hospital admission does have a gap, you should know upfront what the cost to you will be before you are admitted or have the treatment.
Being aware of these costs and consenting to them is known as Informed Financial Consent (IFC). For a definition of IFC please see page 28.

HOSPITAL GAP
Private hospitals charge for accommodation, operating theatres, prostheses and other hospital related services. HCF has agreements with most private hospitals and day services (known as participating private hospitals) across Australia.

This means you won’t pay additional costs for services covered under your policy and under our agreement with the participating private hospital (this is subject to any excess you have on your policy and the conditions relating to your hospital cover).
HCF hospital covers pay for in-patient services (from when you’re officially admitted to hospital to when you’re officially discharged), however they don’t cover outpatient services before or after your hospital admission. If you’re a private patient in a non-participating private hospital or a private patient in a public hospital, Minimum Benefits will apply and you may incur significant additional expenses. Please see page 29 for a definition of Minimum Benefits.
To check if your planned hospital admission will be in a participating private hospital, please visit hcf.com.au, drop into a HCF branch or call us on 13 13 34.
Please note: these agreements are updated from time to time and subject to change.

MEDICAL GAP
Medical services provided while you are admitted to hospital (like doctors’, anaesthetists’ and surgeons’ fees) are charged separately from hospital services. Medicare covers 75% of the Medicare Benefits Schedule (MBS) fee for these charges and HCF covers the remaining 25% (for eligible services). However, many doctors charge more than the MBS fee, so you may face additional out-of-pocket expenses (known as the ‘medical gap’). HCF has arrangements (under our Medicover or other medical agreements) with over 36,000 doctors across Australia which help eliminate or reduce medical gaps for our members.
Please note: these agreements are updated from time to time and subject to change.

YOUR GAP CHECKLIST

ASK YOUR TREATING SPECIALIST:
☐ What type of treatment or procedure will I have?
☐ What are the item numbers for the procedure/treatment?
☐ How much is your fee?
☐ Will you participate in HCF’s Medicover arrangement?
☐ Will I have to pay a gap? If so, how much will it be?
☐ If I have to pay a gap when and to whom do I pay it?
☐ What if I can’t afford the gap?
☐ Which other doctors and medical staff will be involved in my treatment?
☐ How can I obtain information on their fees?
☐ What will my total costs for the treatment be?
☐ Am I having a surgically implanted prosthesis?
☐ What’s the product name, supplier name, group name and billing code for the prosthesis?

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

ASK HCF:
☐ Does my policy cover me for this?
☐ Do I need to pay an excess or any additional charges? If so, how much?
☐ Do I need to pay extra for my hospital accommodation, doctor’s fees or anyone else involved in my treatment?
MEDICOVER

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

HOW HCF’S MEDICOVER ARRANGEMENT WORKS

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

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

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

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

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

MEDICOVER: WHAT YOU COULD PAY IN NO-GAP OR KNOWN-GAP SITUATIONS

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

REBATES, SURCHARGES AND INCENTIVES

Changes to private health legislation can affect your health cover, so understanding how to get you maximum entitlements and avoid unnecessary expenses makes sense.

AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

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

You can take the rebate as:
- A reduced premium
- A tax offset credit in your annual tax return

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

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

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

LIFETIME HEALTH COVER

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

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

For example, if you take out hospital cover at age 40 you’ll pay 20% more than someone who first took out hospital cover at age 30.

The maximum loading is 70%. Once you have paid a LHC loading for 10 continuous years, the loading is removed as long as you retain your hospital cover.

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

For more information, visit hcf.com.au or call 13 13 34.
HEALTH AND WELLBEING PROGRAMS
TO HELP YOU GET THE MOST OUT OF LIFE

DOWNLOAD HEALTHY APPS

Get fitter
Build your fitness and become more flexible, with routines for all levels.

Be happier
Improve your emotional wellbeing, and better manage life’s stressful times.

Quit smoking
Will help you on your journey and make it just a bit easier to quit smoking.

Fit&Well magazine
Access the latest health and lifestyle insights to empower you make the best choices for your health.

SUPPORTING YOU TO HAVE A HEALTHIER AND HAPPIER LIFE

My Health Guardian features online tools that help you manage your diet, health and fitness. It is provided at no cost to members 18 years and over with hospital or extras cover.

You can also use the Well-Being Plus app as part of the My Health Guardian program, to track your progress and set goals.


HEALTH MANAGEMENT PROGRAMS
On eligible extras covers, you can claim on a range of HCF approved Health Management Programs to help you lead a fit and healthy life.

Programs include:
• Weight management
• Exercise classes and gym membership fees for specific health conditions (doctor’s referral required)
• Childbirth education
• Lactation consultant
• Learn to swim.


WEIGHT MANAGEMENT FOR CHRONIC CONDITIONS
Our Healthy Weight For Life programs help improve your quality of life if you have Type 2 Diabetes, Cardiovascular conditions or Osteoarthritis.

For more information visit hcf.com.au/hwfl

WANT A SECOND OPINION?
Available on eligible covers My Global Specialist gives you access to world-leading medical specialists to review your case.

For more information visit hcf.com.au/mgs or call us on 131334.

FREE OVERSEAS TRAVEL INSURANCE ALREADY INCLUDED WITH PREMIUM HOSPITAL, MID PLUS HOSPITAL WITH GOLD OR PLATINUM EXTRAS OR YOUNG STARTER PACKAGE
This insurance is issued by AIG – see details on page 25 or at hcf.com.au/bonustravel

10% OFF MORE AT HOME
A community care service providing in-home support and personal care. Available in Sydney.

To find out more, visit moreathome.com.au or call 1300 550 124

More at Home is owned by Manchester Unity, a subsidiary of HCF.

MEMBER OFFERS

10% OFF HCF TRAVEL & PET INSURANCE*

10% OFF NEW 3 AND 12 MONTH MEMBERSHIPS WHEN YOU JOIN

* HCF Travel Insurance and Pet Insurance are respectively issued by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 and The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241142. HCF Travel / Pet Insurance is not part of HCF’s health insurance business. Consider the PDS at hcf.com.au/travel and hcf.com.au/petinsurance before making any decisions about these products.
LOYALTY BENEFITS

We’re all about giving back to our members. Depending on your level of cover, the longer you’re an HCF member the more you can claim on selected extras including dental, physio, chiro, osteo, natural therapies and hearing aids, up to a maximum limit. And the higher your level of cover, the more you’ll be able to claim.


Please note that when you upgrade your cover, you’ll need to serve waiting periods before you can take advantage of the increased benefits and limits.

FINANCIAL PROTECTION
WHEN YOU NEED IT MOST

If something happened to you, would you and your family cope financially?
We offer a range of low-cost options to help you with cash you can use however you want.

KIDS’ ACCIDENT COVER
Pays a lump sum if your child (under 17) is accidentally injured

- Receive up to $100,000 cover
- Only 90 cents per week per child
- Cover 24 hours a day, Australia-wide
- Paid regardless of any other benefits

BOUNCEBACK COVER
Protection for young people against common accidents and illnesses

- Receive up to $100,000 cover
- $1 per day
- Cash paid directly to you
- Make multiple claims up to a max of $100,000
- Generous payments for illnesses like tonsillitis and appendicitis

CASH BACK COVER
Protect you or your family in the event of illness and accidents

- Receive up to $5,000
- $2 per week for singles
- $4 per week for families
- Cover for illnesses such as heart attack, cancer and stroke
- Make multiple claims up to $20,000 for singles and $40,000 for families

CRITICAL ILLNESS COVER
Provides extra cash for certain illnesses or accidents

- Receive up to $50,000 cover
- From $2.50 per week
- Choice of $25,000 or $50,000 cover
- Lump sum cash benefit
- Cover for serious illnesses like heart attack, cancer and stroke. 90 day waiting period applies
- Single and family cover options

SMART TERM INSURANCE
Protects your loved ones financially if something happens to you

- Receive up to $500,000 cover
- From $3.45 per week
- Benefit doubled for death by accident
- Includes early payment of $10,000 to cover funeral expenses for death by accident in the first 3 years and thereafter for all conditions
- Easy to apply - no blood tests or medicals

FINANCIAL PROTECTION
WHEN YOU NEED IT MOST

PERSONAL ACCIDENT INSURANCE
Pays a lump sum for certain injuries and accidental death

- Receive up to $50,000 cover
- From $3.15 per week
- Choice of $25,000 or $50,000 cover
- Lump sum cash benefit
- Especially designed for those aged 55 years and over

INCOME ASSIST INSURANCE
Pays a monthly benefit if you can’t work due to sickness or injury

- Receive up to $6,000 per month
- From $1.65 per week
- 75% of your income for up to 12 months
- Cover against accident and illness
- Additional benefits paid for child care expenses and bed confinement
- Premiums may be tax deductible
- Protection for your biggest asset - your income

For more information on these products, visit hcf.com.au/life-insurance

Please consider each Product Disclosure Statement available and your financial situation, objectives, and needs before deciding on these products as the information provided does not take these into account.

Call 13 13 34 or visit hcf.com.au/life-insurance for details.

The Cash Assist covers are issued by our own HCF Life Insurance Company Pty Ltd. ABN 37 001 831 250, AFSL 236 806.
MANAGING YOUR POLICY

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

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

CHANGING YOUR DETAILS
If your contact details change, please advise us by:

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

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

CHANGING TO A DIFFERENT LEVEL OF COVER
If you want to change your level of cover, just download an application form from hcf.com.au/members, call 13 13 34, email service@hcf.com.au or visit an HCF branch. The transfer will activate on the date your application is received by HCF. If your new cover gives new or higher benefits, waiting periods, including the pre-existing ailment rule, will apply.

Please note that changing to a different level of cover or withdrawing from hospital cover may have an effect on your Lifetime Health Cover and Medicare Levy Surcharge status (see page 11).

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

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

SUSPENDING YOUR COVER
You can apply to suspend your membership if you’re travelling overseas, receiving a Newstart Allowance or Sickness Allowance from Centrelink, or within 30 days of your return to Australia. An Application to Resume Membership and Payment Authority Form (if applicable) must be completed and submitted to us, together with proof that benefits were being received (i.e. a letter from Centrelink or current employer) or proof of departure and arrival into Australia. Forms can be downloaded from hcf.com.au/forms.

TO RESUME COVER
Your policy must be resumed within 30 days of no longer receiving a Newstart Allowance or Sickness Allowance from Centrelink, or within 30 days of your return to Australia. An Application to Resume Membership and Payment Authority Form (if applicable) must be completed and submitted to us, together with proof that benefits were being received (i.e. a letter from Centrelink or current employer) or proof of departure and arrival into Australia. Forms can be downloaded from hcf.com.au/forms.

CANCELLING YOUR COVER
HCF requires the Policyholder to provide notice in writing if you want to cancel your membership. Any premiums paid in advance of the effective cancellation date will be refunded in full, provided you haven’t made a claim after your cancellation date. If you do want to cancel your cover, we’d like to discuss your reasons with us first and hopefully find alternatives that won’t affect your lifetime health cover status, so please call us on 13 13 34.

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

TERMINATION OF MEMBERSHIP
HCF will not terminate the membership of any member on the grounds of their health. However, HCF may terminate any membership if:

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

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

30 DAY GUARANTEE
You’ll receive a 100% refund on your hospital and extras cover if you change your mind or cancel your policy within 30 days from the date you joined HCF, provided you haven’t made a claim.

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

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

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

How do I change my payment method?

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

CONVENIENT WAYS TO PAY

1. Direct debit (Ezipay) via your credit card or bank account
   • Visit your nearest HCF branch.
   • Call us on 08 8353 3344 for self service and to pay by credit card 24 hours a day
   • Visit hcf.com.au to pay by credit card online
   • Visit hcf.com.au/bpay
2. Payroll deduction via your employer.
   • Make sure sufficient cleared funds are available in advance of your nominated debit date.
   • Advise us promptly if you close your account or if your account details change
   • If your account details are identical to details held by your financial institution, we will liaise with them and keep you informed of progress until resolution takes place.

What if I fall behind in my payments?
Your premiums must be paid in advance. If your premiums are more than two months in arrears, your membership will automatically cease. If you decide to rejoin, the normal waiting periods will apply, including the pre-existing conditions and ailment rule (see pages 6-7). Lifetime Health Cover loading may also apply (see page 9).

DIRECT DEBIT CUSTOMER SERVICE AGREEMENT

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

Please read these direct debit terms and conditions carefully:

• You should check with your financial institution to see if direct debit is available to you
• We will advise your financial institution to debit your selected account on your nominated debit date. If your debit date occurs on a non-business day, the debit will be made on the next business day.
• Your nominated debit amount will not vary unless:
  - Your premiums are not in advance of your nominated debit date
  - Your premium was returned unpaid by your financial institution
  - You resume your membership after a suspension period
  - Your premium rates change.
• Your premiums are payable to cover periods in advance of your nominated debit date.
• We reserve the right to cancel your direct debit if three or more consecutive debits are returned unpaid from your financial institution. We will advise you of alternative payment arrangements to ensure your health cover continues.
• Where the account is not in the name of the HCF Member, the account holder is entitled to cancel the direct debit.

CHANGES TO YOUR MEMBERSHIP AND DEBIT DETAILS

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

OUR COMMITMENT TO YOU

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

YOUR RESPONSIBILITIES

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

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

HOSPITAL COVER IN-PATIENT SERVICES
Hospital benefits are payable when you’re admitted to hospital for treatment. These are called ‘in-patient’ services, and only in-patient services are covered by your hospital cover.

MINIMUM BENEFITS
If you choose a hospital cover where Minimum Benefits apply to some procedures then HCF will pay the rate set out by the Commonwealth Minister for Health, from time to time, as the Minimum Benefit paid for a shared room and benefits for Government approved Prostheses List items.

In a private hospital: These benefits wouldn’t cover all the hospital costs and there could be significant out-of-pocket expenses for you to pay.

In a public hospital: If you elect to be a private patient in a public hospital, you may have to pay out-of-pocket expenses if these benefits are less than what your chosen public hospital charges or do not cover all hospital costs.

EXCLUDED SERVICES
If you choose a hospital cover where some procedures are excluded then nil benefits apply for the entire episode of care.

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

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

HCF Non-participating Private Hospitals
We only pay a Minimum Benefit towards accommodation and prostheses. You may have to pay out-of-pocket expenses for accommodation, theatre, labour ward fees and prostheses.

Public Hospitals
We pay a Minimum Benefit for a shared room, and a higher rate for a single private room. You will need to confirm with the hospital if they will be charging you any out-of-pocket expenses.

WHAT’S NOT COVERED?
There are a number of situations where our health insurance doesn’t cover you:

- If a Service is listed as an excluded service (regardless of whether required as a result of an Accident) in the Product Information (as defined in the Fund Rules);
- Claims made 2 years or more after date of Service;
- Elective Cosmetic Surgery;
- 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;
- Treatment for Pre-Existing Conditions (other than for psychiatric 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 under their New Policy);
- Services received during any period where payment is in arrears; the Policy is not financial, the Policy is suspended or within a Waiting Period;
- Treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice;
- Any Service where the Treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules;
- Emergency room fees;
- Services that are not delivered face to face; such as online or telephone consultations, unless a Member is participating in a Chronic Disease Management Program or Health Management Program;
- Services supplied by a provider not recognised by HCF;
- Services provided outside Australia which do not meet the requirements under the Private Health Insurance Act; or

- Ambulance transfers between hospitals (emergency or non-emergency);
- Claims that do not meet HCF’s criteria as set out in the Fund Rules.

IN ADDITION, OUR HOSPITAL COVER DOESN’T INCLUDE:
- Hospital Benefits (including medical Benefits) for Excluded Services or for Services in respect of which the claim is not approved for payment by Medicare;
- Experimental treatment;
- Experimental, high cost non-PBS Drugs and TGA approved Drugs used for a purpose other than that for which they were approved;
- Procedures normally performed in the doctor’s surgery or as an outpatient;
- Private room accommodation for same-day procedures;
- Respite care;
- Benefits for Nursing Home Type Patients except as determined under the Minimum Benefits requirements of the Private Health Insurance Act;
- Special nursing;
- Luxury room surcharge;
- Donated blood and blood products;
- Donated blood collection and storage;
- PBS pharmaceutical benefits in private Non-Participating Hospitals;
- Pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission;
- Take home items including crutches, toothbrushes and drugs;
- Personal convenience items including the cost of phone calls, newspapers, magazines and beauty salon services;
- Massage and aromatherapy services;
- Select Services provided while in Hospital by non-hospital providers;
- Benefits where a Service is an Excluded Service for the payment of Benefits in a Hospital, and any other Services including medical, diagnostic, Prosthesis and pharmacy received at the same time; and
- The gap on government approved gap-permitted Prostheses items.

IN ADDITION, OUR EXTRAS COVER DOESN’T INCLUDE:
- Psychological and developmental assessments;
- Co-payments and gaps for government funded health services including the co-payment for PBS items;
- Psychology treatment (where included under a Policy) unless a mental health plan has been prescribed under Medicare entitlements and these entitlements have been exhausted for the calendar year;
- Services while a Hospital patient except for eligible oral surgery;
- Pharmacy items that are not on HCF’s approved pharmacy list including items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items supplied by a Hospital as take home drugs, or items that are not approved by the TGA;
- Services that had not been provided at time of claim;
- Fees for completing claim forms and/or reports;
- Services received overseas or purchased from overseas including items sourced over the internet;
- Where no specific health condition is being treated or in the absence of symptoms, illness or injury;
- Routine health checks, screening and mass immunisations;
- More than one therapy Service performed by the same provider in any one day;
- Where a provider is not in an independent Private Practice; or
- Where more than one Service of physiotherapy, chiropractic and osteopathy therapies is received on the same day.

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

HCF participating private hospitals
HCF has negotiated agreements with private hospitals in all states and territories covering 95% of all HCF admissions to private hospitals. The agreements limit hospital gap charges to those applying to your choice of cover, such as your excess option.

For a full list of participating private hospitals, visit
hcf.com.au/participatinghospitals

PLEASE NOTE
This is not a comprehensive list of items not covered under hospital or extras cover. Please call 13 13 34 to check what you’re covered for, prior to going to hospital or for treatment.
ADDITIONAL INFORMATION ON EXTRAS CLAIMS

ARTIFICIAL APPLIANCES
Some covers have benefits for surgical and artificial appliances like a low vision aid machine or a blood glucose monitor. The aid or appliance must always meet HCF's definition of an artificial appliance (see page 27 of the Glossary).

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

We will tell you what supporting information we need from your doctor/specialist/allied health professional to allow you to make a claim.

COMBINATION OF THERAPIES
There is a limit of one benefit per day for therapy services by the same provider. In addition, where receiving a physiotherapy, chiropractic or osteopathy therapy on the same day, a benefit will be paid for only one of the therapies.

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

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

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

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

HEARING AIDS
Some covers include benefits for hearing aids.

If you have this type of cover, your hearing aid limit renews every three or five years (depending on your cover), not every year. Depending on your cover, limits increase the longer your cover is in place. Please refer to the current brochure for the limits.

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

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

Orthodontic treatment may involve:
• Custom made appliances e.g. to change the jaw shape
• Braces or aligners to straighten the teeth
• The fitting of a retainer to maintain the position of the teeth once the braces are removed.

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

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

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

To receive the correct benefit, you need to provide us with the dental item numbers (from the Australian Schedule of Dental Services and Glossary – published by the Australian Dental Association).

When getting the orthodontic item numbers from your provider, please note that we do not accept the item number 881 without a description of the services you’re receiving, or a treatment plan.

No benefit is paid before the treatment takes place, even if you choose to pay for your orthodontic treatment in advance or via a payment plan.

The benefits for braces or aligners can only be paid once the braces or aligners are in place. Orthodontic claims are not paid on the spot. Please post your claim to us or visit your nearest HCF branch.

Having orthodontic work?
Please contact us on 13 13 34 so we can help you determine what you’re covered for, and help you minimise any gap.

PHARMACY
A benefit may be claimable for certain pharmacy items, depending on your level of cover. If your level of cover includes pharmacy benefits, then please check the definition of an eligible pharmacy item on page 30.

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

PSYCHOLOGY
Some covers include benefits for consultations with an HCF recognised psychologist. On covers that include psychology benefits, we will only pay benefits for patients who have been referred:
• By their general practitioner
• Onto a Mental Health Plan, through Medicare
• Once the Medicare entitlements for the calendar year are used up.

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

RECOGNISED PROVIDER
HCF has recognition criteria and requirements for providers. If a provider isn’t recognised, or on the rare occasion a provider is de-listed, benefits cannot be claimed for services received from that provider.

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

SCHOOL ACCIDENT COVER
If your level of cover includes School Accident cover, you may claim additional extras benefits if your child has an accident in, or travelling to or from school and the costs aren’t recoverable from another source. Benefits are only payable to top up services that are included in your extras cover.

This cover does not include medical or hospital services. Claims must be accompanied by a detailed description of the event from the school and submitted within 12 months of the accident.

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

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

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

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

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

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

Initial insulin pumps

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

If admission to hospital is required for commencement of pump therapy, HCF will provide a benefit, provided the Type C certification is completed in accordance with the legislation. Please note that education is not a valid reason for hospitalisation. At times HCF may require additional information to verify the reasons for hospitalisation. If you are already using, or have previously used, an insulin pump then benefits may apply under replacement insulin pumps. See below.

Replacement pumps

For a replacement insulin pump provided in the outpatient setting, the application process is streamlined by a standardised replacement insulin pump claim form. Depending on your level of cover, you will be eligible for a benefit once every 5 years, provided you continuously maintain your hospital cover. The replacement cycle does not reflect the manufacturer’s warranty period but rather the reasonable life expectation of an insulin pump.

Please contact HCF to determine if you are eligible for a benefit for a replacement insulin pump on your level of cover.

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

HOSPITAL CLAIMS

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

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

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

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

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

CLAIMS FOR DOCTORS’ & SPECIALISTS’ FEES DURING HOSPITAL ADMISSION

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

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

AMBULANCE CLAIMS

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

HCF hospital and extras covers include cover for emergency ambulance services provided by state government Ambulance Service Providers (see page 26). On some levels of cover, you may also be able to claim up to $5,000 per person, per year for non-emergency, medically necessary ambulance transport by Ambulance Service Providers.

Ambulance benefits are claimable for transport to the nearest appropriate hospital able to provide the level of care you need. There is a waiting period of one day for emergency ambulance cover, two months for non-emergency ambulance cover (where available under your cover) and 12 months for pre-existing ailments or conditions (provided this procedure or treatment is not listed as an exclusion on your cover).

NSW and ACT members

If you are a resident of New South Wales or the Australian Capital Territory, a levy is included in the hospital component of your cover. This levy entitles you to free ambulance transport provided by an Ambulance Service Provider across Australia excluding in Queensland and South Australia. So, if you receive an invoice for ambulance transport, just send it to us; we will endorse the account and send it to the appropriate Ambulance Service Provider for settlement (excluding Queensland and South Australia).

If you pay the levy and receive transport from either Queensland or South Australian state government Ambulance Service Providers, you may claim under your HCF cover.

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

In NSW and ACT pension and social security entitlements cover the cost of ambulance transport. Members with pension or social security entitlements in NSW or the ACT just need to complete the relevant section on the back of the ambulance invoice and return it to the ambulance service provider to settle the account.

Qld members

If you are a resident of Queensland you’re covered under your state ambulance service scheme Australia-wide and no Benefits for ambulance services are payable by HCF.

Tas members

If you are a resident of Tasmania, you’re covered under your state ambulance service scheme across Australia, excluding Queensland and South Australia. If you receive services from either Queensland or South Australian State Government Ambulance Service Providers and aren’t otherwise covered, you may claim under your HCF cover.

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

Vic, SA, NT and WA members

If you live in Victoria, South Australia, the Northern Territory or Western Australia 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 emergency ambulance services provided by your state Ambulance Service Provider.

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

THIRD PARTY AND COMPENSATION CLAIMS

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

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

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

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

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

**AMBULANCE TRANSPORTATION**
Benefits for Emergency Ambulance Transport or Non-Emergency Ambulance Transport are payable after any subsidy, discount, waiver or rebate provided by a third party or the Ambulance Service Provider has been deducted.
(a) HCF pays Benefits towards eligible Emergency Ambulance Transport and Non-Emergency Ambulance Transport Services provided by an Ambulance Service Provider depending on a Member’s cover and up to their annual Limit (either a dollar or service Limit), as specified in the Product Information.
(b) The Ambulance must be provided by an Ambulance Service Provider and the transportation must be to the nearest appropriate Australian Hospital able to provide the level of care required.

**Emergency Ambulance Transport:**
(a) Benefits are payable for Emergency Ambulance Transport where transport to the nearest Hospital or on-the-spot treatment is required.
"Emergency" means an immediate and serious threat to person’s health or life.
(b) Benefits are not payable for Non-Emergency Ambulance Transport:
(i) where the transport does not meet the definition of Non-Emergency Ambulance Transport (such as for general patient transport);
(ii) where the transport has been elected by the patient or family for reasons such as choice of doctor or hospital or to be closer to family;
(iii) where you are covered by another funding arrangement such as a State government scheme;
(iv) where you are covered by another third party (such as a State Ambulance subscription or the Ambulance charges are the subject of a compensation claim);
(v) for transfers between Hospitals;
(vi) to or to from medical facilities such as diagnostic imaging, allied health or other health related facilities;
(vii) for charges raised for a medical retrieval team escort; and
(viii) for Ambulance Service Providers not recognised by HCF.

**Non-Emergency Ambulance Transport:**
(a) A limited number of covers include a Non-Emergency Ambulance Transport Benefit. Members can claim up to a maximum of $5,000 in a calendar year for non-emergency ambulance transport.
"Non-emergency" ambulance transport means transport by a State Government provided ambulance that is requested because your medical condition requires a level of support and medical monitoring in transit that only an ambulance service can provide. Non-emergency ambulance transport must be requested by your treating doctor to be considered for an HCF benefit.
(b) Benefits are not payable for Non-Emergency Ambulance Transport:
(i) where Non-Emergency Ambulance Transport services are provided by State Government provided ambulance services.
(ii) where Non-Emergency Ambulance Transport services are provided by a non-registered medical practitioner;
(iii) where the transport is requested because you are on the way to a hospital or for another reason;
(iv) where you or another person is walking or travelling to or from the ambulance;
(v) for transfers to or from medical facilities such as diagnostic imaging, allied health or other health related facilities;
(vi) for charges raised for a medical retrieval team escort; and
(vii) for Ambulance Service Providers not recognised by HCF.

**ARTIFICIAL APPLIANCES**
Artificial Appliances are those meeting the following criteria:
(a) Intended for repeated use;
(b) Used primarily to alleviate or address a medical condition;
(c) not useful to a person in the absence of an illness, injury or disability;
(d) Supplied by a reputable supplier;
(e) Approved by the attending doctor or allied health professional; and
(f) Approved by the Medical Adviser (Medical adviser means a Medical Practitioner appointed by HCF to give technical advice on professional matters and includes the Medical Director).
Those Artificial Appliances eligible for Benefit are updated regularly and subject to change.

**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.

**DEPENDANTS**
Dependants means:
(a) Child Dependant;
(b) Student Dependant; or
(c) Adult Dependant.

**Child Dependant** means a person who:
(a) Is less than 22 years of age;
(b) Is unmarried and not in a de facto relationship;
(c) Is primarily reliant on the Policyholder (or Partner listed on the Policy) for maintenance and support; and
(d) Is related to the Policyholder (or Partner listed on the Policy) as a child, step-child, foster child or other child that the Policyholder (or Partner listed on the Policy) has legal guardianship over.

**Student Dependant** means a person who:
(a) Is between 22 and 24 years of age (inclusive); 
(b) Is a full time student at school, college or university; 
(c) Is unmarried and not in a de facto relationship; 
(d) Is primarily reliant on the Policyholder or their Partner (listed on the Policy) for maintenance and support; and
(e) Is related to the Policyholder or their Partner as a child, step-child, foster child or other child that the Policyholder or their Partner has legal guardianship over.

**Adult Dependant** is a person who:
(a) Is related to the Policyholder or their Partner as a child, step-child, or foster child or other child that the Policyholder or their Partner has legal guardianship over;
(b) Is aged between 22 and 24 (inclusive);
(c) Is unmarried and not in a de facto relationship;
(d) Is not a Student Dependant; and
(e) Is primarily reliant on the Policyholder (or Partner listed on the Policy) for maintenance and support; and
(f) Is insured under an Extended Family Membership or One Parent Extended Family Membership.
DIRECT FILLING
Direct Filling (sometimes called a direct restoration) is made in the mouth.

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

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

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

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

EXCLUDED SERVICES
Excluded Services means if you need treatment for any procedure listed as an exclusion in your hospital cover, you won’t receive any benefits for that procedure or any other procedure or service included in that episode of care and may have significant out-of-pocket expenses.

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

FOOT ORTHOTICS
Foot Orthotics ‘Orthotics’ are deemed in-shoe appliances, used to aid in the management of diagnosed conditions of the foot, ankle and lower limb. They are only claimable if your cover includes foot orthotics and the 12 month waiting period has been served. The foot orthotics must be supplied by a recognised podiatrist, pedorthist, 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 on behalf of a podiatrist following a biomechanical examination, gait analysis, negative cast or 3D digitised impression taken of the feet, or when prescribed by an orthopedic surgeon or other medical specialist.

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

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

HOSPITAL
Hospital is any public or private facility declared by a Member or Medical Practitioner in any State or Territory as a Hospital.

INDIRECT FILLING
Indirect Filling (sometimes called an indirect restoration) is made out of side of the model using a model or digitised image.

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

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

INPATIENT
Inpatient means any Member who is formally admitted to hospital.

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

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

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

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

MEMBER
Member means:

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

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

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

NEW EPISODE OF CARE
New Episode of Care in relation to the More for Muscles, More for Backs and More for Feet provider network means:

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

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

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

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

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

MORE FOR BACKS

MORE FOR FEET

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

MINIMUM STANDARD SUPPLY
Minimum Standard Supply means the smallest commercially available pack size of a drug that is supplied by its manufacturer to pharmacies.
PHARMACEUTICAL ITEM
Pharmaceutical Item means an item which is ordinarily claimable under an eligible Extras Cover which is:
(a) Prescribed by a Medical Practitioner or dental practitioner on prescription in accordance with relevant State or Territory legislation;
(b) Supplied by a pharmacist or Medical Practitioner in Private Practice under relevant State or Territory legislation;
(c) Registered and labelled with an AUSTR number on the Australian Register of Therapeutic Goods;
(d) Prescribed for Treatment of the approved specific indications as detailed in the Australian Register of Therapeutic Goods; and
(e) Complies with HCF’s Clinical Pharmaceutical Procedure for Extras Benefits as approved by the Medical Director or equivalent, provided that none of the following criteria apply:
(i) The item is listed or was listed under the PBS in any brand, formulation, strength or pack size and regardless of whether PBS availability is subject to any specified purpose or patient type;
(ii) the Minimum Standard Supply for the item is customarily charged at an amount that is less than, equal to, or within $3 of the current PBS co-payment for general patients (Minimum Standard Supply means the smallest commercially available pack size of a drug that is supplied by its manufacturer to pharmacies.);
(iii) The item is generally prescribed for purposes outside of illness or disease or for reproductive medicine including contraception or for the enhancement of sporting, sexual or work performance;
(iv) The item is generally prescribed for weight loss;
(v) The item is excluded under the HCF Clinical Pharmaceutical Procedure for Extras Benefits; or
(vi) The item is available without a prescription. Pharmaceutical Items are updated regularly and subject to change.

POLICYHOLDER
Policyholder means the person:
(a) In whose name the Policy is taken out; and
(b) Is responsible for payment of the Premiums and for the ongoing maintenance of the Policy.

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

PRIVATE PRACTICE
Private Practice means:
(a) In relation to Hospital Treatment, a Medical Practitioner operating on an independent and self-supporting basis either as a sole, partnership or group practice but not employed by or subsidised by another party for the provision of accommodation, facilities or other services. For the avoidance of doubt, this does not include Medical Practitioners employed by or on contract in a public Hospital or any other type of publicly funded facility; and
(b) In relation to extras Treatment Benefits, a professional practice (whether sole, partnership or group) that is self-supporting and where its accommodation, facilities and services are not provided, funded or subsidised by another party such as a Hospital or publicly funded facility.

PROSTHESIS
Prosthesis means items listed on the Prostheses List.

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

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

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

RECOGNISED PROVIDER
Recognised Provider means:
(a) A Hospital;
(b) A registered Medical Practitioner;
(c) A provider of General Treatment in Australia who:
(i) Is in Private Practice;
(ii) For each relevant class of Service, satisfies all Recognition Criteria; and
(iii) Is recognised by HCF;
(d) An Ambulance Service Provider; or
(e) Any other provider recognised by HCF.

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

RECOGNITION CRITERIA
Recognition Criteria means the following:
(a) The standards in the Private Health Insurance (Accreditation) Rules; and
(b) Any other criteria that HCF considers reasonable for the purpose of recognition.

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

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

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

SINGLE PRIVATE ROOM
Single Private Room is a suitable room in a Hospital which is:
(a) purpose built;
(b) holds a single bed;
(c) has facility for no more than a single admitted patient; and
(d) includes an ensuite.
HOW YOUR RIGHTS ARE PROTECTED

PRIVATE HEALTH INSURANCE CODE OF CONDUCT
The Private Health Insurance (PHI) Code of Conduct’s aim is to improve the standards of practice and service in the private health insurance industry.
We support this by ensuring you:
• receive correct information about private health insurance
• are aware of the internal and external dispute resolution procedures
• can make an informed decision about your purchase
• you’re protected in accordance with the privacy principles.
For a full copy of the code, visit privatehealth.com.au/codeofconduct

PRIVATE PATIENTS HOSPITAL CHARTER
We also support the Private Patients Hospital Charter, which outlines what members can expect from doctors, hospitals and their health fund.
For more information visit the Private Health Insurance section for consumers at health.gov.au, or call the Department of Health on 1800 020 103

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

HAVE A COMPLAINT?
If there’s a problem with your membership or cover, please contact HCF directly so we can assist in resolving it as quickly as possible.

OMBUDSMAN
If your complaint isn’t dealt with satisfactorily, you can also contact the relevant Ombudsman - independent bodies formed to help resolve complaints and provide advice and information.

If your complaint is about Health Insurance:
Private Health Insurance Ombudsman
Call: 1300 362 072
Visit: ombudsman.gov.au
Email: phio.info@ombudsman.gov.au
Online: ombudsman.gov.au/making-a-complaint/contact-us
Write: Private Health Insurance Ombudsman, Commonwealth Ombudsman, GPO Box 442, Canberra, ACT, 2601

If your complaint is about Life Insurance, Pet Insurance or Travel Insurance:
Financial Ombudsman Service Australia
Call: 1300 367 287
Visit: fos.org.au
Email: info@fos.org.au
Write: Financial Ombudsman Service Limited, GPO Box 3, Melbourne, VIC, 3001

OUR MISSION
HCF’s mission is to satisfy the needs of Australians for access to affordable, high quality health care when and where they need it; personal protection; and peace of mind.

WE WILL:
• Be helpful;
• Assist you courteously and professionally;
• Clearly explain our answers and actions, and your options;
• Clearly explain changes in your policy and premium so they are easily understood;
• Let you know of any changes to your policy conditions or cover before the change occurs;
• Provide clear, relevant information on claims and your membership.

MAKING CLAIMING AND DEALING WITH US EASY:
There are a range of ways you can claim – online, at our branches, through the post, via our mobile app, or at on-the-spot claims terminals at many of our providers. Various providers will process your claim for you.

SO WE CAN HELP, WE ASK THAT YOU:
• Be courteous to our staff;
• Let us know when things change, for example, your contact details;
• Give us feedback on our service.

CONTACTING HCF
In Person – visit a branch, Dental or Eyecare Centre. HCF has many branches, kiosks and agents across Australia who provide a convenient service for joining HCF, accessing advice and making claims.

By phone – when you call, you can expect that:
• Our staff will identify themselves by name;
• If we cannot help you immediately we will arrange for someone to call you at a time suitable to you;
• We aim to return your call within the same working day or next working day if the contact is received outside of business hours.

By mail – we aim to respond to mailed enquiries within five working days of receiving them.

By email, and through our website – when we receive your email at service@hcf.com.au, or message through the Members Section of our website, you will immediately receive an acknowledgement via our email management system. This tracks your communication with us. We aim to formally acknowledge your email and provide a response within three working days.

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

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 Group’s service, benefits or product offerings) and mailing houses;
- other service providers, for example, our advisors;
- between companies within the HCF group of companies;
- fraud prevention agencies, government bodies and regulators including law enforcement bodies such as the Police, professional associations and industry bodies;
- health service providers (where it is used to improve their ability to provide you with health services);
- other insurers or reinsurers including other health insurers where you have moved your insurance to or from HCF; and
- where disclosure is otherwise authorised or required by or under an Australian law or court/tribunal order.

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

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

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

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

To view the HCF Privacy Policy:
- Visit hcf.com.au/privacy
- Visit your local branch.

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

CHANGES TO COVERS AND PRICING

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

CALL US 13 13 34
Mon - Fri 8am - 8pm AEST
Sat - Sun 9am - 5pm AEST

GO TO hcf.com.au

DOWNLOAD the HCF app

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