Private Health Information Statement - Hospital policy

HCF CORPORATE CARE BASIC HOSPITAL $750 EXCESS

HCF	Monthly Premium	Covers only one person
http://www.hcf.com.au service@hcf.com.au 13 13 34	*$108.90 #* (before any rebate, loading or discount)	Available in NSW & ACT

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ **Covered**
For information on what is covered under each category, see https://privatehealth.gov.au/categories

R **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

R Hospital psychiatric services	R Palliative care	R Rehabilitation

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

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

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 – https://privatehealth.gov.au/dynamic/agreementhospitals.

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

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of $750 per admission. This is limited to a maximum of $750 per person and $750 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product.

The Medical Costs Finder lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

This policy covers you for accidents. It includes restricted cover for rehabilitation, psychiatric services and palliative care, and offers Accident Safeguard, covering treatment resulting from an accident when you've been admitted to hospital via the accident and emergency department within 24 hours of the accident. Under Accident Safeguard you'll get the benefits of our top level of hospital cover for up to 12 months, even if your treatment is normally excluded or restricted on your cover. Other conditions apply. See hcf.com.au/accident-safeguard for more information. For the definition of Accident, please refer to the Member Guide or Fund Rules.

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: transport with a waiting period of 2 months, limited to $5,000 per person per year.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Cover for unlimited air, land and sea emergency ambulance trips and treatment by paramedics in Australia for services provided by recognised Ambulance Service Providers. Includes $5,000 for medically necessary Non-Emergency Ambulance Transport per person per calendar year where your doctor requests ambulance transport because your condition requires monitoring and support in transit. Benefits are not payable when covered by another third party or other funding arrangement, such as a State government scheme. See fund rules for more information.

For further information about this policy see

https://www.hcf.com.au/faqs/faqs-cover#what-is-ambulance-cover

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.