

## Private Health Information Statement - Hospital policy

### HCF CORPORATE CARE BASIC PLUS HOSPITAL \$500 EXCESS

#### HCF

<http://www.hcf.com.au>  
[service@hcf.com.au](mailto:service@hcf.com.au)  
13 13 34

#### Monthly Premium

**\$121.62<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Northern Territory

<sup>#</sup> 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 policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ **includes** cover for

|                              |                                            |                   |
|------------------------------|--------------------------------------------|-------------------|
| ✓ Dental surgery             | ✓ Joint reconstructions                    | R Palliative care |
| ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy | R Rehabilitation  |
| ✓ Gynaecology                | ✓ Tonsils, adenoids and grommets           |                   |
| ✓ Hernia and appendix        | R Hospital psychiatric services            |                   |

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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                          | ✗ Digestive system                | ✗ Pain management                                                                   |
| ✗ Back, neck and spine                                    | ✗ Ear, nose and throat            | ✗ Pain management with device                                                       |
| ✗ Blood                                                   | ✗ Eye (not cataracts)             | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Bone, joint and muscle                                  | ✗ Heart and vascular system       | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Brain and nervous system                                | ✗ Implantation of hearing devices | ✗ Pregnancy and birth                                                               |
| ✗ Breast surgery (medically necessary)                    | ✗ Insulin pumps                   | ✗ Skin                                                                              |
| ✗ Cataracts                                               | ✗ Joint replacements              | ✗ Sleep studies                                                                     |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Kidney and bladder              | ✗ Weight loss surgery                                                               |

|                                                        |                                   |  |
|--------------------------------------------------------|-----------------------------------|--|
| <b>X</b> Diabetes management (excluding insulin pumps) | <b>X</b> Lung and chest           |  |
| <b>X</b> Dialysis for chronic kidney failure           | <b>X</b> Male reproductive system |  |

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](https://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 \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for accidents or dependants.

**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

Affordable corporate hospital cover designed for the young and healthy. No excess for accident related treatment and dependants under 25. Includes accident safeguard, travel and accommodation benefits for hospital admission and cover for unlimited emergency ambulance trips. See fund rules for more information. Access to over 100 exclusive offers through HCF Thank You program. For more information visit: [www.hcf.com.au/thankyou](http://www.hcf.com.au/thankyou).

## Ambulance cover

In Northern Territory 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.