

HCF CORPORATE CARE BASIC PLUS HOSPITAL PRODUCT SUMMARY

Affordable corporate hospital cover designed for the young and budget conscious.



FEATURES



ACCIDENT SAFEGUARD

If you're involved in an accident, you'll get the benefits of our top level of hospital cover for up to 12 months, even if your treatment is normally excluded on your cover*.



NO EXCESS FOR KIDS AGED UNDER 25 OR FOR ACCIDENT-RELATED TREATMENT

You pay \$0 excess for kids aged under 25 or for accident-related treatment, no matter how many times you go to hospital.



INVOLUNTARY UNEMPLOYMENT ASSISTANCE

If you find yourself unexpectedly unemployed, we'll cover the cost of your health cover for up to 6 months*.



THE HCF THANK YOU APP

Browse personalised offers and discounts, earn rewards and track your savings with the HCF Thank You app**.

WHAT'S INCLUDED:

- ✓ Choose from a \$500 or \$750 excess
- ✓ Travel and accommodation benefits for your hospital stay**
- ✓ Cover for joint reconstructions (excluding joint replacement surgery), gynaecology and more
- ✓ Emergency ambulance cover*

* To be eligible, must attend a hospital emergency department within 24 hrs. Top hospital coverage applies for up to 12 months of the Accident. Other conditions apply. See hcf.com.au/accident-safeguard

** Must have held HCF hospital cover for at least 12 months. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance

** To be eligible, you must have an active HCF health, life or Overseas Visitors Health Insurance policy and your premiums must be up to date (excluding Ambulance Only Cover and RT Health Cover).

** Offers and partners are subject to change without advance notice. See the HCF Thank You app Terms and Conditions at hcf.com.au/thank-you-app

** When you travel at least 200km round trip. Other terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more.

* Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

HCF CORPORATE CARE BASIC PLUS HOSPITAL

KEY FEATURES	
Excess (per person per calendar year)	\$500 or \$750
No excess for kids aged under 25	✓
No excess for accident-related treatment (for services included in your cover)	✓
Travel and accommodation benefit	✓
Available without extras cover	Yes

THIS POLICY INCLUDES COVER FOR:
Emergency ambulance*
Non-emergency ambulance (up to \$5,000 per person, per year)*
Accident Safeguard - services that are not included or have restricted cover will be treated as covered services in the event of an accident that occurs after joining. Does not include podiatric surgery. Conditions apply. See hcf.com.au/accident-safeguard
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets
Joint reconstructions (excluding joint replacement surgery) e.g. torn tendons, rotator cuff tears and damaged ligaments
Hernia and appendix e.g. hernia operations and appendicitis
Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Miscarriage and termination of pregnancy
Dental surgery* e.g. surgery to remove wisdom teeth and dental implant surgery

THIS POLICY INCLUDES RESTRICTED COVER FOR:
Rehabilitation
Hospital psychiatric services
Palliative care

THIS POLICY DOES NOT INCLUDE COVER FOR:
Ear, nose and throat
Bone, joint and muscle
Brain and nervous system
Kidney and bladder
Digestive system
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management
Breast surgery (medically necessary)
Diabetes management (excluding insulin pumps)
Heart and vascular system
Lung and chest
Blood
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Insulin pumps
Pain management with device

Elective cosmetic surgery
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
Sleep studies e.g. sleep apnoea and snoring
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer

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

DENTAL SURGERY

Unlike other services, in-patient dental surgery can be claimed under both your hospital cover (for things like accommodation and operating theatre fees) as well as under your extras cover (your dental surgeon's bill).

You must hold eligible extras cover if you want to claim benefits for dentist or dental surgeon's fees for surgery performed in a hospital. Depending on your annual limit, you may still experience out-of-pocket costs, however these costs will be higher if you do not hold eligible extras cover.

EXCESS

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

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

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

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

PREGNANCY AND BIRTH

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

RESTRICTED COVER

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

SERVICES NOT INCLUDED

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

* Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

* Cover is limited to medically necessary non-emergency ambulance transport where your doctor requests ambulance transport because your condition requires monitoring and support in transit. Benefits are not payable for ambulance services covered by a State or Territory government scheme.

Members must hold eligible extras cover to claim dentist or dental surgeon fees.

THINGS YOU NEED TO KNOW

The following waiting periods apply:

WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to receive hospital psychiatric services as covered services may not be required to serve the waiting period for hospital psychiatric services. This exemption can only be accessed once in a member's lifetime.
12 MONTHS	Pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care).
2 MONTHS	All other hospital services, including accident-related treatment (for services included in your cover). Non-emergency ambulance.

WHAT'S NOT COVERED?

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

- claims for services by providers not recognised by HCF, and that do not meet HCF's criteria as set out in the Fund Rules
- treatment for pre-existing conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12-month waiting period
- experimental, high-cost non-PBS drugs and TGA-approved drugs used for a purpose other than that for which they were approved.

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

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules available at [hcf.com.au](https://www.hcf.com.au) or call **13 13 34** to check what you're covered for before receiving treatment.