

HCF CORPORATE CARE BRONZE PLUS HOSPITAL PRODUCT SUMMARY

Corporate hospital cover that includes many essential treatments, designed for those who are healthy.



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:

- ✓ Flexible excess options - choose from a \$250, \$500 or \$750 excess
- ✓ Cover for digestive system procedures, bone, joint and muscle procedures and more
- ✓ Travel and accommodation benefits for your hospital stay^^
- ✓ No gap to pay* for hospital admission, surgeon and anaesthetist costs, and in-hospital diagnostic tests like blood tests and scans* for endoscopies and hernia surgeries through participating hospitals and surgeons (except for hospital excess)
- ✓ 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

* To access the No-Gap Day Surgery program, you must have an active hospital policy with HCF (excluding Overseas Visitors Health Cover) that covers the relevant procedure and have held that cover with HCF for at least 12 months. You'll also need to have been accepted into that specific no-gap program by a participating hospital and surgeon. You may be required to pay a hospital excess, depending on your cover and if you're claiming for the first time in the calendar year. There may also be some small permitted gaps and additional costs for outpatient appointments, like a visit to your surgeon in their consulting rooms. For full program terms and conditions, see hcf.com.au/no-gap-day-surgery

^ Diagnostic test, scans and blood tests must be carried out on the day of the procedure and undertaken as part of the procedure.

** 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 BRONZE PLUS HOSPITAL

KEY FEATURES	
Excess options (per person per calendar year)	\$250, \$500 or \$750
No excess for kids aged under 25	✓
No excess for accident-related treatment	✓
Travel and accommodation benefit	✓
Available without extras cover	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
Brain and nervous system e.g. stroke, brain or spinal cord tumours
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets
Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer
Joint reconstructions (excluding joint replacement surgery) e.g. torn tendons, rotator cuff tears and damaged ligaments
Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids
Hernia and appendix e.g. hernia operations and appendicitis
Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Miscarriage and termination of pregnancy
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses
Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections
Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest
Blood e.g. blood clotting disorders and bone marrow transplants
Dental surgery# e.g. surgery to remove wisdom teeth and dental implant surgery
Sleep studies e.g. sleep apnoea and snoring

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

THIS POLICY DOES NOT INCLUDE COVER FOR:
Heart and vascular system
Back, neck and spine
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices

THIS POLICY DOES NOT INCLUDE COVER FOR (CONT.):
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

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

EXCESS

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

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

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

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

PREGNANCY AND BIRTH

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

RESTRICTED COVER

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

SERVICES NOT INCLUDED

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

* 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 if they want to claim benefits for eligible dental services performed in a hospital.

THINGS YOU NEED TO KNOW

The following waiting periods apply:

HOSPITAL 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.

HCF CORPORATE CLASSIC EVERYDAY EXTRAS PRODUCT SUMMARY

Corporate extras cover for common services, including major dental, optical and physio.



FEATURES



60% BACK ON MOST EXTRAS AND CLAIM 100% OF FEE ON OPTICAL

Get 60% back on most services and claim 100% back of the fee on prescription glasses[^] and contact lenses at any HCF-recognised optical provider, up to the annual limits.



ACCIDENT BENEFIT

If you've had an accident and your annual limit is used up, you'll get additional limits for covered services[^].



GET 100% BACK ON POPULAR EXTRAS

Get 2 dental check-ups a year with 100% back* at *More for Teeth* dentists in our No-Gap network that don't count towards your annual limits (excludes fluoride treatment on second check-up). Plus get 100% back* on a range of prescription glasses[^] through our No-Gap network.



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:

- ✔ Cover for everyday services like general dental, optical and physio
- ✔ Support for your mental wellbeing with access to counselling and online cognitive behavioural therapy (CBT) courses
- ✔ Most major dental services (excludes orthodontics)
- ✔ Additional support through a range of health programs like mental health, weight management and sleep^{##}

* 100% back at *More for You* program providers in our No-Gap network is available on selected covers. Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back

[^] Excludes add-ons such as high index material, coatings and tinting.

^{^^} \$250 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident, provided you make the first extras claim within 6 months of the accident.

[#] 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

^{##} Eligibility criteria apply. For more information see hcf.com.au/health-insurance/health-programs

HCF CORPORATE CLASSIC EVERYDAY EXTRAS

TREATMENTS COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
OPTICAL	Glasses and contact lenses	Spectacle frames	100% of fee up to annual limit	2 months	\$180
		Spectacle lenses – pair			
		Contact lenses – pair			
GENERAL DENTAL	Diagnostic and preventative	Examinations (max 2 services per year)	60%	2 months	\$450 Check-ups with <i>More For Teeth</i> dentists don't count towards annual limits. (Teeth whitening has a service limit of an in-chair treatment of max 8 teeth/session or one take-home kit. Applies every 36 months.)
		Removal of plaque/calculus (max 2 services per year)			
		Application of fluoride (max 1 service per year)			
		Single film X-rays (service limits apply)			
	Simple fillings	Direct fillings		12 months	
	Tooth extractions	Simple extractions			
Teeth whitening (provided by a dentist)	In-chair treatment (service limits apply) Home application – per arch (service limits apply)				
MAJOR DENTAL	Oral surgery	Surgical extractions	60%	12 months	\$450
	Complex fillings	Indirect fillings			
	Periodontics	Treatment of tissue surrounding teeth			
	Endodontics	Treatment of root canals			
	Occlusal therapy	Treatment to improve bite			
	Crowns and bridges	Placing of crowns and bridges			
Dentures	Dentures and components (partial and complete)				
THERAPIES	Allied health First visit/subsequent	Physiotherapy (includes group and/or classes)	60%	2 months	\$250
		Exercise physiology (includes group and/or classes)	60%		
	Mental health services Group/individual	HCF-approved counselling and accredited mental health social worker (includes group consultation)	60%		\$100
HCF-approved online cognitive behavioural therapy (CBT) courses		100% of course fee (course fees range from \$35 to \$59)			
OTHER	Health Management Programs	HCF-approved e.g. exercise classes (including Pilates, yoga and tai chi)*, weight management, learn to swim* and perimenopause/ menopause health checks	60%	2 months	\$125
	Accident Benefit	Tops up your annual limit if exhausted as a result of an accident^^	60%	2-12 months (depending on the extras service)	\$250 when claiming as a result of an accident
	Emergency ambulance** (State govt. services)	NSW, ACT, Vic, WA, NT and SA	100%	1 day	No annual limit

TREATMENTS NOT COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION
MAJOR DENTAL	Orthodontics	Correction of teeth and jaws by an orthodontist or other dentist
THERAPIES	Allied health First visit/subsequent	Chiropractic
		Osteopathy
		Podiatry (including 1 pair of foot orthotics per person per year)
		Orthotist/prosthetist and pedorthist consultation
		Audiology
		Speech pathology
		Dietitian
		Orthoptic (eye) therapy
	Occupational therapy	
	Mental health services Group / individual	Psychology (includes group consultation)
Remedial massage and myotherapy		
Natural therapies	Acupuncture and Chinese herbal medicine consultation	
OTHER	HCF-approved pharmacy	After PBS equivalent co-payment subtracted
	Vaccines	HCF-approved e.g. Boostrix, Shingrix, Vivaxim and more
	Travel and accommodation	200km round trip for a consulting medical specialist and/or hospital admission
	Artificial aids	HCF-approved e.g. low vision aids, blood glucose monitors and orthoses
	Hearing aids	Benefits renew every 3 years
HCF-approved pregnancy services	Prenatal/antenatal services – pregnancy compression garments, childbirth education, lactation consultations, breastfeeding support services provided by the Australian Breastfeeding Association	

* Must be approved by a health professional to improve a health condition or prevent a chronic disease.

^^ \$250 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident provided you make the first extras claim within 6 months of the accident.

** 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.

THINGS YOU NEED TO KNOW

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

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance**
12 MONTHS	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, teeth whitening, veneers, orthodontics, artificial appliances, foot orthotics, minor podiatric procedures and hearing aids
2 MONTHS	All other extras services

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
- claims made 2 years or more after the date of service
- more than 1 therapy service performed by the same provider in any 1 day.

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.

** 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.